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PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology Manuscript NO: 85193 Title: Candida endocarditis: Update on management considerations Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed Peer-review model: Single blind **Reviewer's code:** 02446694 **Position:** Editorial Board Academic degree: FACC, FACP, FAHA, FESC, MD, PhD Professional title: Director Reviewer's Country/Territory: Japan Author's Country/Territory: United States Manuscript submission date: 2023-04-17 **Reviewer chosen by:** Geng-Long Liu Reviewer accepted review: 2023-06-21 13:59 Reviewer performed review: 2023-06-26 21:33 Review time: 5 Days and 7 Hours

Scientific quality[]Grade A: Excellent []Grade B: Very good [Y]Grade C:
Good
[]Grade D: Fair []Grade E: Do not publishNovelty of this manuscript[]Grade A: Excellent [Y]Grade B: Good []Grade C: Fair
[]Grade D: No noveltyCreativity or innovation of
this manuscript[]Grade A: Excellent [Y]Grade B: Good []Grade C: Fair
[]Grade D: No novelty

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Scientific significance of the conclusion in this manuscript	 [] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No scientific significance
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	 [] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This is a comprehensive review of infective endocarditis caused by candida and is considered very educational. #1 Although guidelines may already exist, I think a flowchart of the authors' current ideas for diagnosis and treatment of candida endocarditis would be helpful for readers to understand. #2 The authors provided data comparing TEE and TTE in the imaging section. The authors had better describe the possible reasons for the decreased detection of IE in prosthetic valves with TEE.