

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 74678

Title: Entire process of electrocardiogram recording of Wellens syndrome: A case report

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06169692

Position: Peer Reviewer

Academic degree: Doctor

Professional title: Assistant Professor

Reviewer's Country/Territory: Iran

Author's Country/Territory: China

Manuscript submission date: 2022-01-04

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-08 17:20

Reviewer performed review: 2022-01-08 17:30

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

thank you for providing me to case report. please consider more medical terminology.
there are some tiny grammatical issues that should be corrected.

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Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02634593

Position: Editorial Board

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Turkey

Author's Country/Territory: China

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Reviewer chosen by: Qi-Gu Yao (Online Science Editor)

Reviewer accepted review: 2022-01-17 09:56

Reviewer performed review: 2022-01-19 06:27

Review time: 1 Day and 20 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

In this manuscript, the authors reported a case of Wellens syndrome which is an electrocardiogram pattern indicating severe stenosis in the left anterior descending coronary artery. My comments are as follows: 1) This is an interesting and well-written case report. 2) What is the diameter and length of the implanted stent? This should be written in the text. 3) Electrocardiographies in Figure 1 are too small. Details are not clearly seen. This should be corrected. 4) As in Wellens syndrome, it is possible to predict exact site of culprit lesion in the clinical setting only by characterizing unique ECG patterns. These unique ECG patterns should be mentioned more in the discussion section. In this respect, the reports of Gülel et al (Specific electrocardiographic findings due to occlusion of the first diagonal artery. *Anadolu Kardiyol Derg.* 2006 Mar; 6(1): 79-80) and Nikus et al (Electrocardiogram patterns in acute left main coronary artery occlusion. *J Electrocardiol.* 2008 Nov-Dec; 41(6): 626-9) should be discussed. 5) References should be re-written according to the Journal's style.

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Manuscript NO: 74678

Title: Entire process of electrocardiogram recording of Wellens syndrome: A case report

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06238096

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: China

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Reviewer chosen by: AI Technique

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Review time: 12 Days and 2 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

SPECIFIC COMMENTS TO AUTHORS

1. Wellens syndrome is usually associated with critical stenosis of the LAD. The ECG changes may be associated with transient occlusion of the left anterior descending artery. Recognition of Wellens syndrome is crucial for early diagnosis and intervention. Wellens syndrome is regarded as a sign of high-risk patients with unstable angina pectoris or non-ST segment elevation myocardial infarction. The pseudo-normalized T-waves always mean high risk of proximal LAD stenosis. In this case, the authors reported the illness history comprehensively and detailedly. The most impressive is the entire ECGs evolution by 6 months follow-up after PCI. 2. In the manuscript, the authors propose the pseudo-normalized T-waves of Wellens syndrome represent unstable angina pectoris developing into the hyperacute phase of STEMI. Further investigations are needed in more cases to support the view. Otherwise, the conclusion is inappropriate.