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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 60495

Title: Spontaneous coronary dissection should not be ignored in patients with chest pain in autosomal dominant polycystic kidney disease

Reviewer's code: 00602782
Position: Peer Reviewer
Academic degree: MD, PhD
Professional title: Doctor
Reviewer's Country/Territory: Japan
Author's Country/Territory: China

Manuscript submission date: 2020-11-01
Reviewer chosen by: Jin-Lei Wang
Reviewer accepted review: 2020-12-24 23:56
Reviewer performed review: 2020-12-30 04:17
Review time: 5 Days and 4 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

General comments: Although SCAD is a rare complication of ADPKD along the life-span, clinicians who treat patients with ADPKD ought to know that. The authors stated that IVUS should be performed if it is no findings of SCAD on CAG. Do you think when should IVUS be performed after CAG? The authors did not describe when had performed the IVUS after CAG in the text (page. 7 lines. 149-151). Even if it is no finding of SCAD on the first CAG, SCAD may be found on the secondary CAD. The authors must clarify the decision making of performing IVUS. 1) The IVUS was performed after a few days because of no findings of CAG. 2) As SCAD had been developing, the SCAD could be detected by either IVUS or CAG later. 3) Because the authors had already noticed the evidence of SCAD accompanying ADPKD, they would immediately carry out IVUS after CAG. 4) The authors found SCAD in a chance. About above mentioned, it is useful information a case report of reference (no. 11) which the authors had cited. Minor comments: Page. 5, lines 104. “hormone therapy”. What kind of “hormone” is it? Page. 5, lines 106. What kind of “stress” is it? Page. 6. lines 134. Should describe about blood pressure and lipid profiles. Page. 1, lines 216-219. What is the reason why the authors performed IVUS for the patient on the view of risk and benefit? Page. 1, lines 223. Did the authors evaluate the myocardial infarction using BMIPP scintigraphy? Why did the authors evaluate her as low-risk-patient?

Reviewer's comment:
Unfortunately, I could not find the corrections with the red characters that you had explained.

The title is not proper because of using a verb. For example, "The useful of intravascular ultrasound for the diagnosis of spontaneous coronary dissection with autosomal dominant polycystic kidney".
Abstract
BACKGOUND: You described a combination of ACS and ADPKD as relatively rare. I think that it is not a proper explanation because of well-known evidence.

Reviewer #1:
We thank the reviewer for the in-depth study of our manuscript and his or her suggestion.
1. Do you think when should IVUS be performed after CAG?
Answer: We performed IVUS at the time of first angiographic. We believe that if there is any doubt about the coronary lesions, IVUS should be performed as early as possible, preferably at the time of the first angiography.
Response: Your answer is misleading. Your patient had shown no findings of abnormalities of the coronary arteries. Consequently, you had performed IVUS for her. I want you to emphasize that physicians must rule out SCAD if ADPKD patients complain of signs of ACS despite no findings of their CAG in the discussion. It is supposed that the prior probability is high from some case reports of SCAD with ADPKD.

2. Page. 5, lines 104. "hormone therapy". What kind of "hormone" is it?
Answer: The hormone therapy we want to emphasize was glucocorticoid therapy.
Response: If so, you should also correct hormone to glucocorticoid in the discussion.

3. Page. 5, lines 106. What kind of "stress" is it?
Answer: What we want to emphasize is emotional stress.
Response: If so, you should also correct stress to emotional stress in the discussion.

4. Page. 6. lines 134. Should describe about blood pressure and lipid profiles.
Answer: Blood pressure at admission was 142/70mmHg. The low density lipoprotein cholesterol (LDL-C) was 3.32mmol/L.
Response: I require more information about lipid profiles, and also BMI.

5. Page. 1, lines 216-219. What is the reason why the authors performed IVUS for the patient on the view of risk and benefit?
Answer: The patient had a long history of ADPKD, and she visited emergency department because of sudden chest pain. However, the coronary angiography did not find clear signs of stenosis or dissection, so it was very important to perform IVUS to identify the patient's luminal conditions. At that time, the patient's vital signs were stable and there were no other life-threatening comorbidities, so IVUS examination was relatively safe.
Response: You should concisely describe the above mentioned in the discussion.

7. Why did the authors evaluate her as low-risk-patient?
First, the vital signs of the patient remained stable at the time of admission, except for chest pain. Secondly, the patient's chest pain symptoms were quickly relieved. After the IVUS operation was performed to confirm the dissection, the patient did not have chest pain and other symptoms, and no further abnormal conditions were indicated by ECG and echocardiography. Finally, the patient was well treated with conservative medication and had no symptoms such as chest pain.
Response: You should concisely describe the above mentioned in the discussion.

In addition, I recommend the reference "Autosomal dominant polycystic kidney disease and coronary artery dissection or aneurysm: a systematic review"
DOI: 10.3109/0886022X.2016.1144209