

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 11747

Title: Primary angioplasty in isolated right ventricular STEMI due to de novo branch RV artery occlusion

Reviewer code: 00504181

Science editor: Ling-Ling Wen

Date sent for review: 2014-06-05 15:46

Date reviewed: 2014-07-04 14:16

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This is a well written case report that offers useful clinical information.

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 11747

Title: Primary angioplasty in isolated right ventricular STEMI due to de novo branch RV artery occlusion

Reviewer code: 02744926

Science editor: Ling-Ling Wen

Date sent for review: 2014-06-05 15:46

Date reviewed: 2014-06-09 09:44

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The authors provide a case report on “isolated right ventricular STEMI due to de novo branch RV artery occlusion. Although this is interesting case, but there are several major issues with the manuscript; 1) It is not clear what happen to EKG once TIMI 3 flow restored in the RV branch. Did the ST elevation in V1 and V4R resolved. They need to show follow up EKG. 2) Do they have (outpatient) follow up echo documenting restoration of RV systolic function? 3) It is not clear from figure 1 that there is TIMI 3 flow in PDA/PLV(I cannot see any contrast in the PDA/.PLV) . They need to show first angiographic picture documenting that there was TIMI 3 flow in distal RCA/PDA/PLV(as some time with repeated angiogram, TIMI 3 flow restore with distal embolization of the thrombus). 4) What is clinical application? And what is their recommendation for other clinicians in similar setting? As the authors pointed out that Isolated RVI has usually benign clinical course and majority of time RV function recover on follow up ECHO., So does PCI on ostial RV marginal branch is worth of the potential risk,(as there is significant risk of retrograde dissection into main large RCA with potential catastrophic consequences). For example reference # 3 authors did not attempted PCI on the isolated RV branch occlusion and the patient recovered well with no complication. Can they support their recommendation with references from literatures? 5) Though TIMI 3 flow was restored, but final result is (figure D) still showing signifant (almost critical) residual stenosis. 6) Their final conclusion that “PCI is probably the best intervention for IRVI” need



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references ? it also need further clarification: as PCI may be best intervention for IRVI due to non-dominant RCA, but in case of isolated RV branch, the risk of retrograde dissection into large RCA with potential catastrophic consequence should be considered before attempting PCI on small ostial RV branch (reference #3). 7) When was the high dose dobutamine echo done? they need to address the safety of high dose dobutamine echo in setting of acute coronary syndrome(with references from literature)

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 11747

Title: Primary angioplasty in isolated right ventricular STEMI due to de novo branch RV artery occlusion

Reviewer code: 00227622

Science editor: Ling-Ling Wen

Date sent for review: 2014-06-05 15:46

Date reviewed: 2014-07-02 08:39

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This is a single case report.