

Dear Sir:

I was honored to receive your reply, which both delighted and surprised me. In my manuscript (NO.78047), This patient had eaten ice cream approximately 22 hours prior to admission to the hospital. No exposure to other suspected allergenic substances prior to hospitalization. The patient underwent elective coronary angiography on the day of hospitalization and suffered an acute myocardial infarction on day 2 of hospitalization. Echocardiography revealed that heart function was intact. Normal left ventricular ejection fraction and small amount of mitral regurgitation. This may be related to age and hypertension. Emergent coronary angiography demonstrated acute occlusion of the left anterior descending (LAD) 2 . Administration of vasospasm-relieving drugs, such as diltiazem, blood flow returned to previous levels after 2 minutes of administration . An intravenous ultrasound (IVUS) showed no plaque at the site of occlusion of LAD2. Microvascular coronary artery disease was not detected by IMR. In the introduction paragraph, I would like to express that the pathology of acute coronary syndrome (ACS) is caused by thrombus formation after erosion or rupture of coronary atherosclerotic plaque, but the triggers can be overwork, constipation, rage, etc.

I hope you will forgive me for explaining this to you. If you have any queries, please don't hesitate to contact me.

Thank you and best regards

Yours sincerely,

guangzhi Xu

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 78047

Title: Acute myocardial infarction due to Kounis syndrome: A case report and literature review

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

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Position: Editorial Board

Academic degree: FACC, MD

Professional title: Assistant Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

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Review time: 1 Hour

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 Grade E: Do not publish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
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [☐] Yes [☒] No

SPECIFIC COMMENTS TO AUTHORS

The authors have made significant improvements to the manuscript. It appears acceptable for publication. The full form of IVUS is generally thought to be intravascular ultrasound, can the authors clarify why they call it intravenous ultrasound? Also they have mentioned no specific T wave changes a couple of times, do they mean non-specific T wave changes?

Response: Thank you for your help and guidance for my manuscript (No:78047). There should be something wrong with the translation. Here, I would like to correct it as follows: intravascular ultrasound and non-specific T wave changes.