

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 32587

Title: Atrial tachyarrhythmia in adult congenital heart disease"

Reviewer's code: 02639986

Reviewer's country: United States

Science editor: Jin-Xin Kong

Date sent for review: 2017-01-16 08:46

Date reviewed: 2017-01-25 11:20

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Karbassi A et al described a management of atrial tachycardia about prevalence, diagnosis and treatment in adult congenital disease. It is well written and interesting. This reviewer has no comments in this literature.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 32587

Title: Atrial tachyarrhythmia in adult congenital heart disease"

Reviewer's code: 00875981

Reviewer's country: United States

Science editor: Jin-Xin Kong

Date sent for review: 2017-01-16 08:46

Date reviewed: 2017-02-11 12:56

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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 checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is an interesting manuscript. Attention to the following should improve it. Minor comment: 1. The following paragraph is confusing. "Rhythm control is recommended as an initial strategy in moderate or complex forms of CHD[17]. This relates to concerns about the impact of tachyarrhythmia on hemodynamics and ventricular function as well as the side effects of antiarrhythmic drugs when they are continued long-term[17,26]. Nevertheless, once an ACHD patient has experienced atrial arrhythmias recurrences are not uncommon and in such cases antiarrhythmic drugs may be beneficial". Did you mean "Rate control is recommended as an initial strategy..."? Major comments: 1. Rate is not specific for any tachycardia mechanism. Atrial tachycardias may be focal or macroreentrant. Explain the differences. Then use that information to make it easier for the reader to grasp why ACHD and atrial macroreentry are intimately associated. 2. It is important to recognize that adenosine's effects on atrial arrhythmias are inconsistent. In reentrant atrial tachycardias (including atrial flutter and fibrillation), the most common response is transient production of, or increased, AV block. Termination, persistence with AV block, or no effect may also occur (see Crit Care Med. 2009 Sep;37(9):2651-2). 3. It is true patients with WPW and orthodromic AVRT, who are



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hemodynamically stable can initially be treated with adenosine. Mention the risk of precipitating pre-excited atrial fibrillation. 4. It would be useful to know more specific data about dofetilide in ACHD. Would you choose it instead of sotalol? 5. You state: "Of note, complex mapping systems often offer information in the form of colors which may deceive". Consider deleting this sentence. The colors are only misleading if the data entered is incorrect. 6. On page 15, you make an important statement about the AV node. How effective are methods to locate the AV node in ACHD? 7. Mavroudis and colleagues' work is mentioned. It would be interesting to provide more detail. 8. Explain the process of deciding whether ACHD is simple, moderate or complex. 9. The use of anticoagulants during pregnancy is indeed a complex subject. Don't let it be beyond the scope of the manuscript. Educate the readers.