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ESPS Peer-review Report

Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 8229

Title: Distribution of Late Gadolinium Enhancement in Various Types of Cardiomyopathies -Significance in Differential Diagnosis, Clinical Features and Prognosis-

Reviewer code: 00039411

Science editor: Huan-Huan Zhai

Date sent for review: 2013-12-27 14:38

Date reviewed: 2014-01-17 09:27

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" 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"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Dear authors, I think it's a very complete and interesting review. I have a few comments/suggestions, that I added in the same word document (as "new comment"). Best regards

ESPS Peer-review Report

Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 8229

Title: Distribution of Late Gadolinium Enhancement in Various Types of Cardiomyopathies -Significance in Differential Diagnosis, Clinical Features and Prognosis-

Reviewer code: 00258717

Science editor: Huan-Huan Zhai

Date sent for review: 2013-12-27 14:38

Date reviewed: 2014-02-24 10:21

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"/> Existed	<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	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

Satoh and colleagues present a very thorough and clinically relevant manuscript reviewing the value of CMR in differentiating between cardiomyopathic processes. The authors focus particular attention on patterns of LGE, in addition to alternative abnormalities potentially detected by CMR. The topic is important and timely, but several issues warrant attention. 1. The authors highlight the possibility of ICM despite having patent coronary arteries. While this is possible, it is rare. The more common conundrum is the presence of CAD in the setting of an underlying NICM. Perhaps both possibilities should be acknowledged. 2. The authors state that "the early diagnosis of ICM can accelerate treatment with β -adrenoceptor blockers and renin-angiotensin-aldosterone inhibitors." Given that these therapeutic interventions are recommended for both ICM and NICM, the distinction seems unwarranted. 3. The authors report finding several patterns of LGE in patients with DCM. The figure legend clarifies that these images are taken from a previous publication, but the language in the text suggests that the authors identified these patterns while caring for patients or in a study. Please clarify the text. 4. On page 12, the following statement is not clear: "Additionally, stress perfusion CMR could be used in HCM to further stratify the risk for SCD, since a study on single-photon emission computed tomography (SPECT) could identify the significance of inducible ischemia for cardiac death." 5. It would be helpful to indicate the numerical specificities of nodular, circumferential and subepicardial and subendocardial LGE distribution for sarcoid and not simply to state that these findings are highly specific. 6. Several grammatical errors are made throughout the manuscript.

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Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 8229

Title: Distribution of Late Gadolinium Enhancement in Various Types of Cardiomyopathies -Significance in Differential Diagnosis, Clinical Features and Prognosis-

Reviewer code: 00227531

Science editor: Huan-Huan Zhai

Date sent for review: 2013-12-27 14:38

Date reviewed: 2014-02-24 21:36

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"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This is a excellent review of the current role of MR in cardyomyopathies, performed by a team with wide experience on the topic. I suggest to publish it as it is

ESPS Peer-review Report
Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 8229

Title: Distribution of Late Gadolinium Enhancement in Various Types of Cardiomyopathies -Significance in Differential Diagnosis, Clinical Features and Prognosis-

Reviewer code: 00575396

Science editor: Huan-Huan Zhai

Date sent for review: 2013-12-27 14:38

Date reviewed: 2014-02-25 22:14

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 checked="" type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

- It is a paper about LGE in many cardiomyopathies. - I have some suggestions: - First, I missed a detailed description about noncompaction cardiomyopathy and endomyocardial fibrosis (EMF). I'd suggest it. - English language should be improved: Please change trans-thoracic to transthoracic; follow up to follow-up; trans-esophageal to transesophageal. - Not all cardiomyopathies present midwall or subepicardial enhancement, EMF present subendocardial, so I'd suggest include: most cardiomyopathy and not all. - Abstract and core tip: at last line: please change responsibility to decision - Core tip: please change ; to :