

**ESPS Peer-review Report****Name of Journal:** World Journal of Cardiology**ESPS Manuscript NO:** 9083**Title:** A Rare Case of Coronary to Pulmonary Vein Fistula with Coronary Steal Phenomenon.**Reviewer code:** 02510702**Science editor:** Ling-Ling Wen**Date sent for review:** 2014-01-20 22:51**Date reviewed:** 2014-01-21 03:58

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" 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)		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**

The case presented is indeed a rare and interesting case of coronary artery fistula which could explain the patient's anginal symptoms. I have a few minor comments: 1. Was any competitive flow seen in the fistula during catheterization, indicating some flow in the opposite direction? It would be good to mention that this fistula is more benign than one to the pulmonary artery, since the pulmonary veins also deliver oxygenated blood. 2. What was the diameter of the branch of the LAD connecting to the fistula? It seems like it is not dilated, hence the shunt must be minor, making it amenable to medical therapy. 3. Percutaneous transcatheter retrograde coil embolization warrants mention as a therapeutic option if the patient fails medical therapy or the disease progresses. Reference: Transcatheter Therapeutic Embolization of Multiple Coronary Artery Fistulas. Jiri Vitek, MD, PhD et al. Circulation. 2001; 104: e19

**ESPS Peer-review Report**

**Name of Journal:** World Journal of Cardiology

**ESPS Manuscript NO:** 9083

**Title:** A Rare Case of Coronary to Pulmonary Vein Fistula with Coronary Steal Phenomenon.

**Reviewer code:** 02633299

**Science editor:** Ling-Ling Wen

**Date sent for review:** 2014-01-20 22:51

**Date reviewed:** 2014-01-22 02:15

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> 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**

Authors present a rare case with a fistula between Lad and superior pulmonary vein. In this paper is reported the new position of coronary fistula. Therefore, this should be published.

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

**ESPS Manuscript NO:** 9083

**Title:** A Rare Case of Coronary to Pulmonary Vein Fistula with Coronary Steal Phenomenon.

**Reviewer code:** 00214291

**Science editor:** Ling-Ling Wen

**Date sent for review:** 2014-01-20 22:51

**Date reviewed:** 2014-01-23 04:15

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 checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> 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"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

**COMMENTS TO AUTHORS**

Coronary artery fistulas are a rare finding. The authors present an interesting case of a fistula formation connecting the LAD and the left superior pulmonary vein. Minor revisions are needed: 1.) In the abstract, the authors describe a fistula formation between the LAD and the right superior pulmonary vein. In the main part of the manuscript, the authors state that this fistula formation is connecting the LAD to the left superior pulmonary vein. The authors have to correct the abstract. 2.) The authors could discuss the treatment options in more detail at the end of the manuscript. 3.) Minor language polishing is needed with regard to the abstract.

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

**ESPS Manuscript NO:** 9083

**Title:** A Rare Case of Coronary to Pulmonary Vein Fistula with Coronary Steal Phenomenon.

**Reviewer code:** 00588097

**Science editor:** Ling-Ling Wen

**Date sent for review:** 2014-01-20 22:51

**Date reviewed:** 2014-01-26 03:08

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 checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		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**

This case report shows an interesting case showing a coronary fistula connecting the LAD and the superior pulmonary vein. I have only two minor comments: There are discrepancies in the abstract and the text. In the abstract: "cardiac CT showed fistula that connect left anterior descending coronary artery to right superior pulmonary vein" and in the text: "and cardiac CT revealed an abnormal communication between the Left Anterior Descending (LAD) and the left superior pulmonary vein". Please, clarify "right" or "left". Among the different treatments, I suggest to mention coil embolization as an option in selected cases.