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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 69792

Title: Difference and similarity between type A interrupted aortic arch and aortic

coarctation in adults: Two case reports

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05845795 Position: Peer Reviewer Academic degree: PhD

Professional title: Research Fellow

Reviewer's Country/Territory: Poland

Author's Country/Territory: China

Manuscript submission date: 2021-07-12

Reviewer chosen by: Qi-Gu Yao (Online Science Editor)

Reviewer accepted review: 2021-10-19 21:03

Reviewer performed review: 2021-10-27 22:12

Review time: 8 Days and 1 Hour

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No



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Peer-reviewer statements

Peer-Review: [Y] Anonymous [] Onymous

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The presented manuscript "Difference and Similarity and Connection between Type A Interrupted Aortic Arch and Aortic Coarctation in Adults: Two Case Reports" raises an important medical question and would be of interest to researchers and physicians. This anomaly is more common in men's than in women's. Clinical symptoms that may suggest adult aortic coarctation are upper body hypertension with hypotension in the lower half and a weak or undetectable pulse in the femoral arteries, and additional symptoms resulting from hypertension, such as headaches. However, I have some critical comments. 1. Please, inform of present illness, that we know the patients have no other symptoms. The first woman in case 1 indicated hypertension for 8 years. The second patient in case 2 with a history of hypertension for 30 years. 2. Please, add information which laboratory tests (morphology, ionogram, urea, creatinine, glucose, cholesterol, ALT, AST, proBNP, CKMB, TSH) performed in patients? 3. Were the ECG terminated in the described patients, if so, was the result correct, were there any changes, what? 4. Was the abdominal ultrasound with Doppler of the flow through the vessels in the abdominal cavity assessed?