



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 74101

**Title:** Left bundle branch pacing in a ventricular pacing dependent patient with heart failure: A case report

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 03497479

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Associate Professor

**Reviewer's Country/Territory:** Croatia

**Author's Country/Territory:** China

**Manuscript submission date:** 2021-12-17

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-12-25 10:16

**Reviewer performed review:** 2021-12-27 13:20

**Review time:** 2 Days and 3 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** bpgoffice@wjgnet.com  
**https://**www.wjgnet.com

<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input type="checkbox"/> ] Onymous Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No
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### **SPECIFIC COMMENTS TO AUTHORS**

I read with interest the article "Left bundle branch pacing in a ventricular pacing-dependent patient with heart failure: A case report and literature review". The article is interesting and instructive for a wide readership, although there are very similar articles in recent literature (eg Zhang D, Huang X. Treatment of atrial fibrillation with third-degree atrioventricular block by pacing His bundle and left bundle branch: Case report. *Medicine (Baltimore)* 2020 Aug 14; 99 (33): e21097. The biggest complaint is of a technical nature - the text attached as a "Manuscript file" is a working version of the text, that is, probably the one edited by an English language lecturer, which should not happen when sending to a serious medical journal! 1. I advise to enclose another ECG or Holter record where it is clearer that in addition to atrial fibrillation, it is also a total AV block! 2. I advise to attach additional ECHO material where severe MR is seen and its reduction after pacing treatment! 3. Why do the authors believe that the patient is at high risk of sudden death and that there is an indication for ICD implantation with LVEF 38%, then 51%? 4. What was the level of NTproBNP before pacemaker implantation and later in the control period? 5. It is necessary to specify the drug therapy with which the patient was treated in connection with CHF!



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**Peer-review model:** Single blind

**Reviewer's code:** 05427157

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Director, Staff Physician

**Reviewer's Country/Territory:** United States

**Author's Country/Territory:** China

**Manuscript submission date:** 2021-12-17

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-12-31 03:00

**Reviewer performed review:** 2022-01-08 14:09

**Review time:** 8 Days and 11 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<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
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input type="checkbox"/> ] Onymous Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No
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### **SPECIFIC COMMENTS TO AUTHORS**

Overall clearly written manuscript. It is intriguing as LB pacing is not common practice in USA. I have few suggestions that will make manuscript interesting to readers. 1. The premise of article is cost benefit with Left bundle pacing in this patients but authors have not included cost difference between CRT and LB pacing including follow up and if there are any studies on recurrent CHF hospitalization among these two group of patients. 2. Though manuscript beginning seemed like patient improved a lot, authors have short term follow up on this patient with very small improvement in ECHO parameters so it should be noted in manuscript accordingly. 3. Authors should include a paragraph on general procedural technicalities and complications (short term and long term) of traditional right Ventricular pacing, LB pacing and CRT including few citation of available literature. 4. In core tip authors claim in LBBB and pacemaker induced cardiomyopathy, left bundle pacing is ideal choice seems very much out of norm of current guidance from major profession societies, so wording like cheaper alternative with potential for similar outcomes might be more appropriate unless authors can cite major studies showing comparable outcomes and lesser complications.



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**Peer-review model:** Single blind

**Reviewer's code:** 05227810

**Position:** Editorial Board

**Academic degree:** FACC, FESC, MBBS, MD

**Professional title:** Additional Professor

**Reviewer's Country/Territory:** India

**Author's Country/Territory:** China

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**Reviewer chosen by:** AI Technique

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**Reviewer performed review:** 2022-01-12 16:10

**Review time:** 8 Days

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<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
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### **SPECIFIC COMMENTS TO AUTHORS**

The authors describe a case on an interesting and upcoming area of intervention in cardiac pacing and electrophysiology. The case is well written. The title, abstract, key words and introduction are well written. The discussion enumerates the various aspects of His bundle and LBB pacing also. The study adds to the emerging body of evidence in support of LBB pacing over past decade. A few comments are noted- 1. "A single-chamber pacemaker with left bundle branch pacing (LBBP) was selected, with the plan to take amiodarone and upgrade to dual-chamber ICD or CRT-D at an appropriate time"- How can you upgrade a LBB pacing lead to an Dual chamber ICD or CRT-D? The statement is erroneous and need to reframed! 2. Ventricular bigeminy may be added to ECG findings at admission. 3. "In the 2021 ESC Guidelines on cardiac pacing and cardiac resynchronization therapy, CRT-P is highly recommended for patients with heart failure and high-degree atrioventricular block to reduce morbidity, whether patients have atrial fibrillation or not". The statement needs clarity as pacing in Sinus Rhythm is a class I indication while in AF it is Class II. Hence, they cannot be clubbed together especially in absence of RCT in AF patients with need for CRT.