

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 79718

Title: Acute myocardial necrosis caused by aconitine poisoning: a case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05916434

Position: Peer Reviewer

Academic degree: PhD

Professional title: Senior Lecturer

Reviewer's Country/Territory: Uganda

Author's Country/Territory: China

Manuscript submission date: 2022-09-03

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-09-04 13:34

Reviewer performed review: 2022-09-04 14:20

Review time: 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Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[]Yes [Y]No
Peer-reviewer	Peer-Review: [] Anonymous [Y] Onymous



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statements

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

SPECIFIC COMMENTS TO AUTHORS

- Herbal medicines are associated with several challenges; mirobial contaminants, heavy metals, antibiotic adulterants, etc. There is need to to explain why "Aconitine" was chosen as a concern of interest. - DISCUSSION: Explain in details, the imporatnce of your findings to; (i) Future research, (ii) Community, (iii) herbalists/ethinopharmacology practices, (iv) Policy makers. - Thank you for reporting this case.



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Title: Acute myocardial necrosis caused by aconitine poisoning: a case report

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Peer-review model: Single blind

Reviewer's code: 06345843

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: China

Manuscript submission date: 2022-09-03

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-09-11 02:03

Reviewer performed review: 2022-09-13 09:34

Review time: 2 Days and 7 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thank you and your team for bringing us such an interesting case. However, it is not written and there are some points needs to be revised: 1 It is difficult to well understand the exact timing of the events the patient had, such as blood purification, ECMO, IABP and cardiac ultrasound, etc. I heavily recommend rewriting the case presentation section entirely taking into consideration the journal's guidelines. 2 Conclusion section is missing in the abstract and the body of the manuscript. Please make a separate conclusion section. 3 Please provide outcome and follow-up. 4 "However, the patient's cardiac function did not improve. Cardiac ultrasound indicated left ventricular enlargement with diffuse hypokinesis of the left ventricular wall and an ejection fraction of 20 %. Hence, the patient underwent heart transplantation 21 days later." When was the cardiac ultrasound done and could you provide the image of the cardiac ultrasound? Are other measures taken to improve the patient's cardiac function? Could you provide other proofs of poor and irreversible cardiac function of this patient? Why heart transplantation was performed "21 days later"? 5 It was mentioned that the patient consumed homemade Chinese herbal medicinal wine repeatedly one month prior to the visit, so whether aconitum alkaloids were accumulated in the blood to lethal concentrations? I suggest discussing it in the manuscript. 7 It is not clear what is shown in Figure 3a-d. The description in the figure legend is also confusing. Please point to them with arrows or asterisks if they are important.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 79718

Title: Acute myocardial necrosis caused by aconitine poisoning: a case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06345843

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: China

Manuscript submission date: 2022-09-03

Reviewer chosen by: Ji-Hong Liu

Reviewer accepted review: 2022-10-13 09:48

Reviewer performed review: 2022-10-13 16:17

Review time: 6 Hours

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
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No



SPECIFIC COMMENTS TO AUTHORS

Thanks for your efforts. This is an interesting case. It is the first case wherein in vivo cardiac pathology was obtained, confirming that aconitine caused acute myocardial necrosis. And as far as I know this patient was the first one reported cured by heart transplantation.