

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 79766

Title: Undetected traumatic cardiac herniation like playing hide-and-seek - Delayed incidental findings during surgical stabilization of flail chest.

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06037039

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

Manuscript submission date: 2022-09-09

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-10-19 03:20

Reviewer performed review: 2022-10-28 05:20

Review time: 9 Days and 2 Hours

Scientific quality	☐ Grade A: Excellent ☐ Grade B: Very good ☒ Grade C: Good ☐ Grade D: Fair ☐ Grade E: Do not publish
Language quality	☐ Grade A: Priority publishing ☒ 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 ☐ Major revision ☐ Rejection
Re-review	☒ Yes ☐ No

**Peer-reviewer
statements**

Peer-Review: [☒] Anonymous [☐] Onymous

Conflicts-of-Interest: [☐] Yes [☒] No

SPECIFIC COMMENTS TO AUTHORS

This is an interesting and rare case. I have comments as follows: 1. Due to initial an elevated ST segment and elevated troponin T, I think it might be an direct blunt injury to the pericardium and myocardium, not be an anginal injury. 2. The ST segment changes caused by mechanical compression or spasm of the coronary arteries should be intermittent and transient. In this case, however, the changes of ST segments were consistently elevated, but to a different degree.

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Reviewer's code: 02446043

Position: Editorial Board

Academic degree: FACC

Professional title: Lecturer

Reviewer's Country/Territory: Malaysia

Author's Country/Territory: South Korea

Manuscript submission date: 2022-09-09

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-10-27 15:06

Reviewer performed review: 2022-11-04 06:54

Review time: 7 Days and 15 Hours

Scientific quality	☐ Grade A: Excellent ☒ Grade B: Very good ☐ Grade C: Good ☐ Grade D: Fair ☐ Grade E: Do not publish
Language quality	☐ Grade A: Priority publishing ☒ 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 ☐ Major revision ☐ Rejection
Re-review	☐ Yes ☒ No

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

SPECIFIC COMMENTS TO AUTHORS

The article is interesting and educational. It can be accepted after some minor corrections.

1. English is poor and requires correction eg "However, if the pericardial injury is not WORSE enough to LUXATE the heart, it may only cause intermittent ECG changes or be asymptomatic". (WORSE should be replaced by BAD; LUXATE should be replaced with DISLOCATE or CAUSE HERNIATION OF) 2. Words do not end at the line, and are carried over to the next line. This requires resetting their word program/file. A bad example is the paragraph on "Core Tip". 3. The descriptions of the ECGs in Fig2, C and D are incorrect. The ECG changes worsened from C to D, with prominent widespread ST elevation throughout being more pronounced in D. This patient is unlikely to have an MI because 1. there was no serial changes to the ECG as would be expected in an MI, 2. The ST elevation was widespread and not in the classical anterior, lateral or inferior leads as one would expect from regional MI and 3. ST depression in D was present in III, AVR, and V1, are not the classical reciprocal ECG changes seen in MI, which should be located in regions opposite to the locality of the regional MI. 4. The description of the ECG in Fig 3 B is also incorrect. The ECG is much improved, with resolution of all ST depression, and much less ST elevation than that present in Fig 2 D.