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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 80364

Title: Development of Dilated Cardiomyopathy with a Long Latent Period followed by

Viral Fulminant Myocarditis

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05927046 Position: Peer Reviewer Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

Manuscript submission date: 2022-09-26

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-09-27 06:52

Reviewer performed review: 2022-10-08 06:30

Review time: 10 Days and 23 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Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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) [Y] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

This manuscript describes a patient who developed dilated cardiomyopathy after a long recovery from fulminant myocarditis. The description of the whole case is relatively complete and clear. There is a problem that needs to be clarified. Dilated cardiomyopathy is sometimes associated with genetics, so was this patient tested for genetics? Are genetic factors such as mutations ruled out? If genetic factors are excluded, the patient's dilated cardiomyopathy may be more closely related to fulminant myocarditis.



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Reviewer's code: 03639986 Position: Editorial Board Academic degree: MD, PhD

Professional title: Chief Physician, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

Manuscript submission date: 2022-09-26

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-10-16 04:39

Reviewer performed review: 2022-10-25 15:43

Review time: 9 Days and 11 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [Y] Grade D: Fair [] Grade E: Do not publish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
Re-review	[Y]Yes []No



Baishideng

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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

General assessment This paper presents a case of 21-year-old woman who presented with dyspnea on visit to the emergency department. She was clinically diagnosed with fulminant myocarditis based on her echocardiogram and cardiac magnetic resonance (CMR). She was received mechanical ventilator and extracorporeal membrane oxygenation (ECMO). An implantable cardioverter defibrillator (ICD) was inserted for secondary prevention. She recovered and was discharged. She had been well for 7 years without any special complications, but was hospitalized for sudden cardiac function decline and arrhythmia, and was finally diagnosed with dilated cardiomyopathy. These will be helpful in some degree for clinical work. However, the work in this paper is needed to be improved. Comments 1. NT-proBNP/BNP is a biomarker of heart failure. However, this indicator can not be found in the article, please provide the value of NT-proBNP/BNP. 2. On the first visit to the emergency department, why are liver functions, electrolytes and blood routine tests abnormalities, other than that, no abnormal findings including cardiac enzymes were found? Is cardiac enzymes always normal during the hospitalization.? 3. The latest imaging data is in September 2020. Please provide the latest follow-up data. The myocarditis cannot be ruled out on the second hospitalization.