

ESPS Peer-review Report

Name of Journal: World Journal of Clinical Cases

ESPS Manuscript NO: 6567

Title: Atrium of stone: A case of confined left atrial calcification without hemodynamic compromise.

Reviewer code: 00227355

Science editor: Ma, Ya-Juan

Date sent for review: 2013-10-25 17:52

Date reviewed: 2013-12-24 01:00

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

Dystrophic cardiac calcification often occurs in patients with chronic inflammatory diseases and can often lead to complicated valvular stenosis, cardiac arrhythmias, cardiac block and abnormal cardiac hemodynamics by effecting systolic and diastolic cardiac function. Jones CI et al. present an unusual case of dystrophic left atrial calcification in the setting of end stage renal disease on hemodialysis diagnosed by echocardiography and computed tomography. Calcium deposition is significantly confined within the walls of the left atrium with no involvement of the mitral valve or untoward effects on hemodynamics. This is an interesting case report for the clinical practice. Overall the case report appears to be carefully examined and data adequately discussed. I have a few comments to make. 1) It might be better to change the word. (with in >>> within) (page 5, line 4) 2) It might be better to delete one period. (.. >>> .) (page 6, line 8) 3) It might be better to change the word. (Or >>> Our) (page 6, line 9) 4) Why aren't they observed in this case about the involvement of the mitral valve or untoward effects on hemodynamics? 5) How long is this case followed after the diagnosis? 6) How about the symptom in this case? 7) How about the arrhythmia in this case?

ESPS Peer-review Report

Name of Journal: World Journal of Clinical Cases

ESPS Manuscript NO: 6567

Title: Atrium of stone: A case of confined left atrial calcification without hemodynamic compromise.

Reviewer code: 00060492

Science editor: Ma, Ya-Juan

Date sent for review: 2013-10-25 17:52

Date reviewed: 2013-12-26 07:05

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This manuscript is interesting. Attention to the following should improve it. Minor comments: 1. Is the word "stone" in the title meant to imply complete calcification of the left atrium? The manuscript does not clearly state whether that is true. 2. Complete calcification has been described as a "coconut atrium" or "porcelain atrium." Both terms should be included in the discussion (see N Engl J Med 2006; 354:2262). 3. Please provide normal range values for the measurements you cite. 4. The final portion of the legend for figure 2 appears to begin the legend for figure 1. 5. Was there any history of tuberculosis or a positive PPD? 6. Check the following spelling related to type C calcification. It has been described as "MacCallum's patch". 7. Substitute "Our" for "Or" to begin the manuscript's final paragraph. 8. Was a transesophageal echo performed? If so, did it add additional information? Major comments: 1. Adding a figure with a chest x-ray might support your findings and make this report more impressive to readers (see N Engl J Med 2006; 354:2262). 2. I agree that the mitral valve leaflets appear to move normally. Nevertheless, the echo suggests calcium at the aorto-mitral continuity. Does the CT confirm or refute this contention? 3. Almost every calcification that clinicians see in the soft tissues is due to dystrophic calcification. Dystrophic calcification is the term applied to the laying down of calcium in dead, degenerated or devitalized tissue. Dystrophic calcification is encountered in areas of necrosis, whether they are of coagulative, caseous, or liquefactive type, and in foci of enzymatic necrosis of fat. Calcification is almost always present in the atheromas of advanced atherosclerosis. It occurs despite normal serum levels of calcium and in the absence of derangements in calcium metabolism. Metastatic calcification refers to deposition of calcium salts in previously normal tissue and is due to disturbance in

calcium/phosphorus metabolism. It is most likely to develop when the calcium/phosphorous product exceeds 70, but may occur at normal values. It is associated with chronic renal disease and is seen in 60-80% of autopsied hemodialysis patients. The information above contrasts with the first sentence of your discussion. It seems hard to dispute that the patient's calcium metabolism was disturbed. Discuss how you decided between these two diagnoses. A dense rather finely speckled Ca^{++} pattern favors dystrophic calcification, was that the key to your choice? 4. In the discussion you write, "Mitral annular calcification is known to cause caseous necrosis and is usually occurs with calcification of posterior mitral annulus". Do you mean "Caseous necrosis is known to cause mitral annular calcification, usually occurring along the posterior annulus"?

ESPS Peer-review Report
Name of Journal: World Journal of Clinical Cases

ESPS Manuscript NO: 6567

Title: Atrium of stone: A case of confined left atrial calcification without hemodynamic compromise.

Reviewer code: 00214305

Science editor: Ma, Ya-Juan

Date sent for review: 2013-10-25 17:52

Date reviewed: 2013-12-27 02:01

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

Although the topic has been previously described, this is an interesting and well-written case report. ? It would be informative to have more clinical data including a 12-lead ECG. These patients usually are on atrial fibrillation. I suppose that this patient didn't have coronary artery disease. Please report these data. ? Could you please make a brief comment regarding the major genetic determinants of dystrophic cardiac calcification? ? Please add and discuss the following reference : Vallejo JL, Merino C, González-Santos JM, Bastida E, Albertos J, Riesgo MJ, González de Diego F. Massive calcification of the left atrium: surgical implications. Ann Thorac Surg. 1995 Nov;60(5):1226-9. PMID: 8526604.

ESPS Peer-review Report
Name of Journal: World Journal of Clinical Cases

ESPS Manuscript NO: 6567

Title: Atrium of stone: A case of confined left atrial calcification without hemodynamic compromise.

Reviewer code: 00502732

Science editor: Ma, Ya-Juan

Date sent for review: 2013-11-5 17:52

Date reviewed: 2013-11-9 07:05

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)	<input checked="" type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

First, thanks you very much for letting me know on merits of this paper. This is not a systematic review. It is a narrative review. Why: a) Review authors did not show the clinical question. b) It was not reported the methods for conducting a systematic review. Suggestion: this paper should be rejected such as was submitted. For the future: all systematic review should be submitted with its protocol. Thanks you very much, once again.