



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

http://www.wjgnet.com

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 14765

Title: Minimizing right ventricular pacing in sinus node disease: sometimes the cure is worse than the disease

Reviewer code: 01204088

Science editor: Fang-Fang Ji

Date sent for review: 2014-10-24 17:35

Date reviewed: 2014-11-06 11:47

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"/> Existing	<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 type="checkbox"/> Grade D: Rejected	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Since this is an invited editorial, I only have one comment. ECG tracing on the Figure 2A will be appreciated, since the relation between ECG (AV delay) and Doppler recording will be the most important message of this editorial comment.



ESPS PEER REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 14765

Title: Minimizing right ventricular pacing in sinus node disease: sometimes the cure is worse than the disease

Reviewer code: 00060492

Science editor: Fang-Fang Ji

Date sent for review: 2014-10-24 17:35

Date reviewed: 2014-11-27 02:41

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"/> Existing	<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"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This phenomenon has been know for a long time (see: Circulation. 1999; 99: e13). The nice new twist is that we are now afraid of the adverse effects of RV pacing. Minor comments: 1. Please describe what you mean by an orthostatic stress test. 2. Substitute the word supine for clinostatic. 3. Did you try AAI pacing at a fixed rate? Major comments: 1. In the absence of LV dysfunction, diastolic MR due to AV block is usually a benign phenomenon devoid of diagnostic or therapeutic clinical implications. Echocardiography in your patient revealed moderate LV hypertrophy and an ejection fraction of 50%. It has been suggested that patients with left ventricular disease, especially hypertrophy of any cause, are more sensitive to the correct timing of atrial systole. Was there evidence of diastolic dysfunction pre-pacemaker? 2. Pacemaker syndrome occurs when there is atrial systole during ventricular systole see [Br Heart J. Aug 1992; 68(2): 163-166]. E/A fusion is a diastolic filling issue. Characterizing it as "a kind of 'pacemaker syndrome'" (on page 4 of the manuscript) is misleading. It is reasonable to acknowledge that the orthostatic exacerbation is similar. 3. It would be helpful to comment on how diastolic filling (including postural influences) contributes to cardiac output. This is implied, but not specifically commented on.