

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 51313

Title: Treatment of severe upper gastrointestinal bleeding caused by Mallory-Weiss Syndrome after a primary coronary intervention for acute inferior wall myocardial infarction: A case report

Reviewer's code: 03846820

Position: Editorial Board

Academic degree: FACC, MD

Professional title: Academic Research, Assistant Professor, Doctor

Reviewer's country: Netherlands

Author's country: China

Reviewer chosen by: Ying Dou

Reviewer accepted review: 2019-09-16 08:58

Reviewer performed review: 2019-09-18 23:53

Review time: 2 Days and 14 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input checked="" type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

Dear Sir, This paper represents the clinical case of the treatment of severe upper gastrointestinal bleeding caused by Mallory-Weiss syndrome after a primary coronary intervention for acute inferior wall myocardial infarction. The article is written with the good English-speaking adduction of the arguments. The article is sufficiently novel and very interesting to warrant publication. All the key elements are presented and described clearly. The most discussable options in the article are: 1) There must be at least ECG presented as a Figure to prove diagnosis. The point is here also the monitoring of the myocardial infarction per se. How the heart function performed during that period of time. Can you inform the reader about any cardiac dynamics during that period of time - you can draw actually a scheme with ECG and hemodynamics through the time. It must be clear how challenging that episode was for the heart generally. 2) Regarding the drugs, please provide the dosages. 3) Please, elaborate your description with some details including the type of DES, percent of diameter stenosis and so on.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

BPG Search:

- ☐ The same title
- ☐ Duplicate publication



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[] Plagiarism

[Y] No

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 51313

Title: Treatment of severe upper gastrointestinal bleeding caused by Mallory-Weiss Syndrome after a primary coronary intervention for acute inferior wall myocardial infarction: A case report

Reviewer's code: 01214757

Position: Editorial Board

Academic degree: MD

Professional title: Professor

Reviewer's country: Turkey

Author's country: China

Reviewer chosen by: Ying Dou

Reviewer accepted review: 2019-09-18 05:13

Reviewer performed review: 2019-09-20 10:22

Review time: 2 Days and 5 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

The contribution of article to literature is weak. There are many articles on this subject.
publication is not appropriate.

INITIAL REVIEW OF THE MANUSCRIPT

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BPG Search:

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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 51313

Title: Treatment of severe upper gastrointestinal bleeding caused by Mallory-Weiss Syndrome after a primary coronary intervention for acute inferior wall myocardial infarction: A case report

Reviewer's code: 02565578

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Assistant Professor

Reviewer's country: Italy

Author's country: China

Reviewer chosen by: Ying Dou

Reviewer accepted review: 2019-09-16 10:15

Reviewer performed review: 2019-09-24 12:45

Review time: 8 Days and 2 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
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			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The authors report a case of a patient diagnosed and treated for acute myocardial infarction in whom the post-intervention course was complicated by the upper gastrointestinal bleeding. The risks and course of action in UGIB after AMI treatment is obvious and well discussed by the authors. However, the disease course in this patient and relation to the AMI is not clear. 1) The patient experienced "an acute persistent chest pain after drinking for 5 hours". Was the patient habitually drinking alcohol? The medical history focuses on cardiovascular diseases and their risk factors, but did the patient had a history of portal hypertension, gastroesophageal reflux, or iatal hernia? 2) The authors state that "AMI patients often have gastrointestinal symptoms, such as nausea and vomiting, early in the event" but they do not provide a reference for this statement. How frequent are these symptoms? 3) The use of combined anti-platelet therapy, especially in conjunction with heparin, are known risk factors for UGIB after AMI. The patient indeed received those before the onset of his symptoms and bleeding. This fact should be underscored in the discussion of the case. Minor comments: 3) The acronyms should be explained in the main text, not only in the abstract. 4) The authors write about "cardiac mucosal tears": according to the official anatomical terminology, the adjective for cardia is cardial (cardiac should be used only when referring to a heart).

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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 51313

Title: Treatment of severe upper gastrointestinal bleeding caused by Mallory-Weiss Syndrome after a primary coronary intervention for acute inferior wall myocardial infarction: A case report

Reviewer's code: 00397579

Position: Editorial Board

Academic degree: FACC, MD, PhD

Professional title: Assistant Professor

Reviewer's country: United States

Author's country: China

Reviewer chosen by: Ying Dou

Reviewer accepted review: 2019-09-16 10:05

Reviewer performed review: 2019-09-29 11:29

Review time: 13 Days and 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
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			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Du et al reported an interesting clinical scenario that an acute MI patient complicated with massive upper GI bleeding due to Mallory-Weiss tear, and was successfully treated with early invasive endoscopic approach. The description of the case is clear, but the language is more for lay readers instead of medical professional readers. I have the following specific comments for the authors to address:

1. NSTEMI or inferior STEMI? The patient was labeled as “nSTEMI” in multiple places (page 2 line 6, and page 3 line 8), but ST elevation in inferior leads in other places (page 3, line 17 and page 4 line). Please clarify. The term “primary PCI” as reperfusion strategy is more commonly used in STEMI management.
2. Page 2 line 9 “blood perfusion” should be “blood transfusion”.
3. Page 4 line 19 “perfused” to be “transfused”
4. In current clinical practice and guidelines, the threshold for packed red blood cell (pRBC) transfusion is Hb < 8 with ischemic symptoms or Hb < 7 without symptoms. Although, in the setting of myocardial infarction, whether a more liberal transfusion criteria (Hb < 10) is beneficial, is still a question of on-going large clinical trial (NIH sponsored MINT trial) to answer. This patient received multiple units of blood transfusion. It is not a common clinical practice.
5. Page 4, line 4: please delete “an acute”. When discussing stent thrombosis (ST) and interruption of antiplatelet therapy, it’s not only related to “acute” ST (<24 hours after stent placement), it’s related to all others (subacute, late and very late ST...)
6. Page 3 line 22, please specify which P2Y₁₂ receptor antagonist was used and what loading dose?
7. I felt that “esophagogastroduodenoscopy (EGD)” is the term more commonly used in literature to describe endoscopy for upper GI bleeding, than “gastroscopy”. The author may consider revise it throughout the manuscript.
8. The patient was drinking for 6 hours prior to his presentation with AMI. Was this patient alcoholic? A description when he has esophageal varices would be helpful, especially in massive UGIB patient, one of



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the DDx should be ruptured esophageal varices in alcoholic patients with liver cirrhosis.

9. Page 4 line 20 “bradycardia” to be “tachycardia”

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