

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 63024

Title: Arrhythmogenic right ventricular cardiomyopathy characterized by recurrent syncope during exercise: A case report

Reviewer's code: 03547028

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor, Statistician

Reviewer's Country/Territory: Romania

Author's Country/Territory: China

Manuscript submission date: 2021-01-23

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-01-25 13:21

Reviewer performed review: 2021-01-25 13:40

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

I read the report of Wu et al. on a patient with ARVC/D. Such case reports and case series have been published before, but as this disease is rare, it worth seeing a new case report. I will focus on the images attached to this case: Figure 1: please discuss in the Discussion Section the efficacy of antiarrhythmic drugs in the treatment of ventricular tachycardia in patients with ARVD/C. Why did you use Propafenone ? Please add an image with echocardiography of the RV. Fig 2. please mark with an arrow the coronary stenosis and mention at what level it is present: left coronary or right coronary artery. In Figure 2D it is impossible to visualize akinesia. This requires a moving image. Here you can see bulges and aneurysms of the RV. Figure 3: Please mark with an arrow free wall thinning, regional right ventricular akinesia, right ventricular dilatation and fibrofatty infiltration. Figure 4: Please specify what criteria did you used to define the scar in the right ventricle: endocardial and epicardial scar. The focal mechanism of ventricular tachycardia cannot be visualized in this image. Please add an activation map.

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 63024

Title: Arrhythmogenic right ventricular cardiomyopathy characterized by recurrent syncope during exercise: A case report

Reviewer's code: 05151713

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: Belgium

Author's Country/Territory: China

Manuscript submission date: 2021-01-23

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-01-23 08:23

Reviewer performed review: 2021-01-27 21:29

Review time: 4 Days and 13 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

1) Bi-ventricular variants of ARVC, although rare, are present. Please comment 2) A couple of points regarding the case presentation/management: a. Nobody “expects” a syncope b. Can we have the initial (other hospital) ECG where he was diagnosed with a VT? Was it of the same morphology? c. The patient was started on Amiodarone despite his young age. Why? d. What was the patient doing when he had syncope? Were there any associated symptoms? (light-headedness, palpitations, chest pain, urinary incontinence) e. The patient had syncope during 2 minutes What was done during these 2 minutes? Was CPR performed? How did he recover? f. The patient is hypertensive. Was it treated? By? g. The authors report that these ECG findings are suggestive of VT. Which criteria were used? Brugada? h. Why was propafenone used? Without a prior knowledge of CAD. i. Was there any transthoracic echocardiography done? j. Figure 2D would be better to have a video and what are the other different structures/catheters in the image. k. Figure 3 please provide annotations on the images l. Was there any screening of the family? It would be interesting m. Did the authors perform any late potentials by SAECG before EP study? 3) Although endomyocardial biopsy is not routinely indicated, it should be reserved for patients with a sporadic form of ARVC 4) Right ventricular angiography is not of additional diagnostic value and should be reserved when endomyocardial biopsy is planned 5) Was there any nuclear imaging done? (PET-scan to r/o cardiac sarcoidosis) 6) It seems the authors’ main message is the treatment by epi and endocardial ablation, this should be a bit more highlighted. Nevertheless, an ICD is still the standard of care in patients with prior reported VT/syncope along with antiarrhythmic and beta blocking agents: a. doi: 10.1161/CIRCULATIONAHA.109.913871 b. doi: 10.1016/j.hrthm.2005.08.022 Please comment and discuss in your manuscript

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 63024

Title: Arrhythmogenic right ventricular cardiomyopathy characterized by recurrent syncope during exercise: A case report

Reviewer's code: 00607640

Position: Editorial Board

Academic degree: PhD

Professional title: Professor

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: China

Manuscript submission date: 2021-01-23

Reviewer chosen by: Jin-Lei Wang

Reviewer accepted review: 2021-01-26 20:21

Reviewer performed review: 2021-01-30 23:04

Review time: 4 Days and 2 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

In the case report entitled “Arrhythmogenic right ventricular cardiomyopathy characterized by recurrent syncope during exercise: A case report”, Wu et al. reported a patient with arrhythmogenic right ventricular cardiomyopathy characterized by recurrent syncope that was successfully treated with combined endocardial and epicardial catheter ablation. The paper is interesting and suitable for the journal. I have only one minor concern that Figure 3’s legend is incomplete.

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 63024

Title: Arrhythmogenic right ventricular cardiomyopathy characterized by recurrent syncope during exercise: A case report

Reviewer's code: 05212394

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor, Lecturer

Reviewer's Country/Territory: Jordan

Author's Country/Territory: China

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Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-01-24 13:37

Reviewer performed review: 2021-02-05 13:47

Review time: 12 Days

Scientific quality	[<input checked="" type="radio"/>] Grade A: Excellent [<input type="radio"/>] Grade B: Very good [<input type="radio"/>] Grade C: Good [<input type="radio"/>] Grade D: Fair [<input type="radio"/>] Grade E: Do not publish
Language quality	[<input checked="" type="radio"/>] Grade A: Priority publishing [<input type="radio"/>] Grade B: Minor language polishing [<input type="radio"/>] Grade C: A great deal of language polishing [<input type="radio"/>] Grade D: Rejection
Conclusion	[<input checked="" type="radio"/>] Accept (High priority) [<input type="radio"/>] Accept (General priority) [<input type="radio"/>] Minor revision [<input type="radio"/>] Major revision [<input type="radio"/>] Rejection
Re-review	[<input checked="" type="radio"/>] Yes [<input type="radio"/>] No
Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No



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SPECIFIC COMMENTS TO AUTHORS

Well-written.

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 63024

Title: Arrhythmogenic right ventricular cardiomyopathy characterized by recurrent syncope during exercise: A case report

Reviewer's code: 05742611

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Portugal

Author's Country/Territory: China

Manuscript submission date: 2021-01-23

Reviewer chosen by: AI Technique

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Reviewer performed review: 2021-02-06 16:02

Review time: 9 Days and 23 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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SPECIFIC COMMENTS TO AUTHORS

The authors have presented an interesting case report. However I would like to make some suggestions. Introduction: I think it is very poor, mainly with regard to physical exercise. Considering that the patient presented recurrent episodes of syncope during exercise I believe the influence of physical exercise on ARVC should be explored. Please see: Coelho et al. (2019) (DOI <https://doi.org/10.1055/a-0750-5848>) and Prior & Gerche (2020) (DOI <https://doi.org/10.1016/j.hlc.2019.12.007>). Outcome and follow-up: The author mentioned that exercise was not recommended. I think that a sustained justification is needed. Please see: Wang (2018) (DOI: 10.1161/JAHA.118.008843). Discussion: The authors must explore the mechanism that leads to “the aggravation of the mechanical uncoupling of myocardial cells and the resultant malignant ventricular arrhythmia” by exercise. In the last sentence the authors need to compare the observed finding of a good long-term outcome as a result of the combination of epicardial and endocardial catheter ablation to the results obtained by other authors. Conclusion: The authors should end the conclusion and the abstract highlighting the success of the intervention of this case report.