



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 69373

Title: Acute myocarditis presenting as accelerated junctional rhythm in Graves’ disease:
a case report and review of the literature

Reviewer’s code: 05909395

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer’s Country/Territory: Switzerland

Author’s Country/Territory: China

Manuscript submission date: 2021-06-28

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-07-02 14:07

Reviewer performed review: 2021-07-02 14:28

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 Grade E: Do not publish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 type="checkbox"/> Grade A: Priority publishing <input checked="" 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 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



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SPECIFIC COMMENTS TO AUTHORS

Please, review all your abbreviations, and give the full words sequence before abbreviating them; for example: EMB, ED. The Introduction reviewed the case, instead of giving a background summary with references to the relevant literature. Why was the patient given beta blocker at the ED, since the rhythm was below 100? What was the target? Or was it for symptomatic reasons? Please, provide better figures quality, especially the ECGs and CMR.



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 69373

Title: Acute myocarditis presenting as accelerated junctional rhythm in Graves' disease: a case report and review of the literature

Reviewer's code: 06107956

Position: Peer Reviewer

Academic degree: Doctor, MD, PhD

Professional title: Assistant Professor, Doctor, Lecturer, Postdoc, Postdoctoral Fellow, Surgeon, Surgical Oncologist

Reviewer's Country/Territory: Viet Nam

Author's Country/Territory: China

Manuscript submission date: 2021-06-28

Reviewer chosen by: AI Technique

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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 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
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statements

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

SPECIFIC COMMENTS TO AUTHORS

I. Advantages Grave is an autoimmune illness, also known as Basedow's disease, that is characterized by a variety of symptoms. It is relatively frequent in Endocrine disorder and is thought to be the reason of an increase in frequency on T3 and T4 lines. Graves' disease affects around 2% of women, with a female to male ratio of 7:1 to 8:1. However, hyperthyroidism symptoms can be caused by a variety of different factors (single goiter, multinodular goiter, viral thyroiditis, etc.). As a result, there are several treatment options available, depending on the exact cause and the problems caused by the condition. From an initial symptom of paralysis, a manifestation of hyperthyroidism that led the patient to the hospital, the author demonstrated logical thinking in diagnosing the disorder, finding causes, complications, and treatment outcomes (near and far) and use the CARE protocol checklist. The diagnostic criteria are clear: 1. Diagnosis of Grave's disease (or Basedow - quantitative hormone, differential diagnosis); 2. Diagnosis of myocarditis (cardiac enzymes, and use of CTA, magnetic resonance); 3. Diagnosis of junctional tachycardia (P wave loss, frequency 91 l/min, range 60 - 130). 4. Differential diagnosis: cerebral stroke, other hyperthyroidism of the thyroid gland, myocardial infarction Internists, cardiologists, and intensive care unit doctors learn diagnostic thinking skills from this clinical case => As a result, the paper is quite useful in clinical practice. Grave's disease has a number of cardiovascular complications, including sinus tachycardia, atrial fibrillation, premature ventricular contraction, and hypertension. However, even though this illness results in acute myocarditis, junctional tachycardia is a very uncommon occurrence in practice=> The article has contributed to world literature The paper concludes, "Graves' disease in combined with acute myocarditis and extreme hypokalemia." The echocardiogram with accelerated junctional rhythm often



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demonstrates the lack of P waves and a heart rate of 60-130 beats per minute, which are characteristic features and novel results of the study II. Some suggestions

1. Title: "Acute myocarditis presenting as accelerated junctional rhythm in Graves' disease: a case report and review of the literature". The study of the literature, on the other hand, is insufficient to emphasize the rarity, diagnosis, and treatment approaches. As a result, the reviewer requested clarification from the author (one table).
2. Annotated acronym (highlighted in blue): EMB?, ST? PR? CMR?....
3. Introduction: sketchy (should write about 250-300 words): definition, epidemiological characteristics, research in the world? What contribution does the article make to clinical practice and world literature?
4. EMB to determine myocardial damage. So according to the author, should this method be specified? What are the risks and hazards? Because of the fact, there must be specific indications according to the recommendation
5. Certain comments are unfounded and should be omitted from the conclusion, for example: "Usually misdiagnosed as myocardial infarction, Graves' disease combined with acute myocarditis is a rare manifestation, and the etiology thereof is due to an autoimmune process" => This statement belongs in the INTRODUCTION or DISCUSSION section only. - "Usually seen in young males, Graves' disease can manifest as thyrotoxic periodic paralysis, in which sudden paralysis and extreme hypokalemia will be experienced" => OK - "The etiology may be attributed to high carbohydrate intake" => should be discarded due to the lack of solid proof - "The correction of hypokalemia and hyperthyroidism will relieve the symptoms. The electrocardiograph of accelerated junctional rhythm usually shows an absence of P waves and a heart rate with 60-130 rates per minute, which is a manifestation of acute myocarditis" => OK

III. Conclusion This is a rare clinical case, good diagnostic logic, significant in clinical practice. Reviewers agree to accept BUT need major additions and corrections before posting