



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Cardiology*

**Manuscript NO:** 75354

**Title:** A Study of coronary sinus anatomy during Levophase of Coronary Angiography

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05446731

**Position:** Peer Reviewer

**Academic degree:** FACC, FACP, FAHA, FESC, MD, PhD

**Professional title:** Director

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** India

**Manuscript submission date:** 2022-01-25

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-02-08 21:18

**Reviewer performed review:** 2022-02-15 19:08

**Review time:** 6 Days and 21 Hours

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

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

#### **SPECIFIC COMMENTS TO AUTHORS**

#1 The biggest limitation of this study may be the need to perform arterial puncture. Considering the complexity and complications of arterial puncture, there is room for consideration as to whether it is necessarily recommended. #2 There are cases in which veins could not be visualized with this method, but please indicate how different this is compared to regular CS angiography. #3 Please describe the type of contrast agent used, the dose, and the method of administration. #4 In statistics, please indicate the software used and any significant differences.



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**Reviewer's code:** 03411775

**Position:** Editorial Board

**Academic degree:** FESC, MD, PhD

**Professional title:** Attending Doctor, Consultant Physician-Scientist

**Reviewer's Country/Territory:** Greece

**Author's Country/Territory:** India

**Manuscript submission date:** 2022-01-25

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-02-08 13:27

**Reviewer performed review:** 2022-02-19 08:16

**Review time:** 10 Days and 18 Hours

<b>Scientific quality</b>	<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
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<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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

### **SPECIFIC COMMENTS TO AUTHORS**

The authors present a detailed study regarding the coronary sinus anatomy during levophase of coronary angiography. The following issues need to be clarified: 1. Did the authors use any vasodilatory/hyperemic agents (e.g. nitrates or adenosine) during coronary angiography in order to improve the visualisation of the coronary sinus? 2. Information on additional radiation dose for the levophase (on top of standard angiography) would be important for the average reader. Data on additional radiation time and dose (e.g. air kerma) would be useful. 3. Did the authors compare the anatomic findings based on levophase with those of retrograde venography of the coronary sinus, at least in a part of their population? How do the results compare? Minor comments: The discussion and bibliography list could be enriched by the following citation: Arbelo E et al. Rev Esp Cardiol. 2008 Sep;61(9):936-44.