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315-321 Lockhart Road,
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ESPS Peer-review Report

Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 3265

Title: Non-coronary myocardial infarction in myasthenia gravis: case report and review of the literature

Reviewer code: 02459482

Science editor: Gou, Su-Xin

Date sent for review: 2013-04-18 16:36

Date reviewed: 2013-04-20 15:52

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 checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The manuscript is well written. I have only few comments. I think that echocardiogram wss important in this case: do you have some echo images. Do you excluded tako - tsubo like syndrome (ventricular ballooning) with a ventriculography or with a plasma dosage of cathecolamines? This data would be importanto for the differential diagnosis.



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ESPS Peer-review Report

Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 3265

Title: Non-coronary myocardial infarction in myasthenia gravis: case report and review of the literature

Reviewer code: 00070848

Science editor: Gou, Su-Xin

Date sent for review: 2013-04-18 16:36

Date reviewed: 2013-04-22 05:15

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

COMMENTS TO AUTHORS

This paper describes a 71-year-old female patient with normal coronary arteries suffering from myasthenia gravis and developed an acute myocardial infarction while receiving anticholinesterase therapy with pyridostigmine bromide. The patient died suddenly one month after discharge while she was only on pednisolone. The paper is well written but needs, in the discussion, the followings to be added: 1. It is known that acetylcholine induces coronary artery spasm in diseased or dysfunctional coronary arteries. This patient had normal coronary arteries. Was any cause such as smoking causing endothelial dysfunction and slow coronary flow? (see Yetkin E et al. Atherosclerosis 2005; 18: 193-99) 2. Slow coronary flow can induce abortive sudden death (see Amasyali B et al. Int J cardiol 2006; 109: 427-9)



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ESPS Peer-review Report

Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 3265

Title: Non-coronary myocardial infarction in myasthenia gravis: case report and review of the literature

Reviewer code: 00503412

Science editor: Gou, Su-Xin

Date sent for review: 2013-04-18 16:36

Date reviewed: 2013-04-22 22:22

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" 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)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This case report is of importance, the experiments seem to be well performed and results are interesting. I recommend this paper for publication.



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ESPS Peer-review Report

Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 3265

Title: Non-coronary myocardial infarction in myasthenia gravis: case report and review of the literature

Reviewer code: 02457919

Science editor: Gou, Su-Xin

Date sent for review: 2013-04-18 16:36

Date reviewed: 2013-04-23 08:11

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 checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" 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 checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Authors present a case of a patient that presented chest pain, ECG abnormalities and troponin and NT-ProBNP during hospitalization for MG after initiation of pyridostigmine therapy. Overall is an interesting case report since it is an unusual complication. However, to assign a causal role to the drug for the symptoms and signs that developed other causes should be considered: -Hyperventilation induced vasospasm. -Pulmonary embolism can not be accurately ruled out based only in arterial gases and d-dimer. -Calcium antagonist withdrawal. -Since coronary angiogram is not completely normal (there are not significant lesion on both RCA and LDA) it should be described the time interval between the symptoms onset and the study. -Authors state that the patient was underwent to CT scan, did it included intravenous contrast to explore pulmonary arteries?



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ESPS Peer-review Report

Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 3265

Title: Non-coronary myocardial infarction in myasthenia gravis: case report and review of the literature

Reviewer code: 02454979

Science editor: Gou, Su-Xin

Date sent for review: 2013-04-18 16:36

Date reviewed: 2013-04-28 10:16

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 checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" 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	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

Authors describe a case of unfortunate woman who suffered myocardial infarction and died soon after the diagnosis of myasthenia gravis. It is uncommon clinical scenario and worth reporting. But, I have following concerns about the report - Major concerns - It remains unclear, what authors believe was the etiology of patient's myocardial infarction. There was no apparent coronary disease or thrombotic occlusion. So was it because of coronary vasospasm or demand ischemia? Minor concerns - Page 4 para 2 - Titer - usually titer includes - unit per volume. Page 4 para 3- patient complained of chest pain. 'Of' appears more appropriate instead of 'for'. Page 4 para 3 - typo error - accompanied Page 4 para 4 - Grammatical error - with subsequent troponin and ProBNP level significant elevation. Page 5 para 2 - typo error - Based on the ECG and the increase of troponin and ProBNO Page 7 para 2 - needs grammatical revision and reference - However, it is well recognized that the coronary artery response to acetylcholine is very sensitive, constricting abnormally, in contrast to normal coronary arteries showing coronary vasodilation by acetylcholine. Figure for both BNP and troponin requires units for Y axis. As EKG changes were in septal leads, an angiographic view of LAD like RAO/LAO cranial view will be helpful. Was a follow up by electrocardiogram done? Did changes resolve?



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ESPS Peer-review Report

Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 3265

Title: Non-coronary myocardial infarction in myasthenia gravis: case report and review of the literature

Reviewer code: 01919991

Science editor: Gou, Su-Xin

Date sent for review: 2013-04-18 16:36

Date reviewed: 2013-04-29 14:47

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 checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" 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)		BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The manuscript deals with case report of non-coronary myocardial infarction in a 71-year-old patient affected by myasthenia gravis and treated with pyridostigmine bromide, an acetylcholinesterase inhibitor. The therapy with anticholinesterase drug was discontinued and the patient gradually improved their symptoms. Unfortunately, the patient in a short time after MI event had a sudden cardiac death. It is a not usual clinical event and, for this reason, it is worth of note. The manuscript needs to be improved by more detailed medical history of the patient and a list of other possible risk factors. In addition, the authors should better discuss the possible interaction between different drugs and therapies of the patient. Minor: an accurate language revision is required.



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ESPS Peer-review Report

Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 3265

Title: Non-coronary myocardial infarction in myasthenia gravis: case report and review of the literature

Reviewer code: 02451519

Science editor: Gou, Su-Xin

Date sent for review: 2013-04-18 16:36

Date reviewed: 2013-05-01 16:28

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"/> Existed	<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	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The manuscript entitled “Non-coronary myocardial infarction in myasthenia gravis: case report and review of the literature” is interesting. The manuscript reported a case of a non-coronary myocardial infarction in a patient with MG possibly induced by pyridostigmine bromide. The case report method is suitable and the conclusion is credible. It is a valuable paper with clinical guidance significance. However, the language should be revised by the native speaker.