

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 13315

**Title:** Permanent Transvenous Pacemaker Implantation in a Patient with Cor Triatriatum Dextrum

**Reviewer code:** 02446337

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2014-08-20 16:52

**Date reviewed:** 2014-10-27 23:29

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input checked="" 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"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

The abstract is poorly written and does not give the immediate picture of the report. The current epidemiology of CV disease should be mentioned in the introduction (Epidemiology of Cardiovascular Disease in the 21st Century: Updated Numbers and Updated Facts. Journal of Cardiovascular Disease 2013;1:1-2). The discussion fails to interpret the data in the context of what is known in the field.

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 13315

**Title:** Permanent Transvenous Pacemaker Implantation in a Patient with Cor Triatriatum Dextrum

**Reviewer code:** 00060499

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2014-08-20 16:52

**Date reviewed:** 2014-10-11 20:26

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"/> Existing	<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	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

1. case presentation.....This explainsthe absence of significant symptoms prior to the current presentation....this has to be mentioned in discussion not in case presentation. 2. case presentation.....coronary sinus...15.8 cm (normal range  $6.6 \pm 1.5$  mm) [2]. ....is it mm or cm?? also do not write references [2] in the case presentation. ASD and the defect in membrane not demonstrated in the figures. Need a good figure showing both. How big was the asd defect? 3.Both..... first ECG and AV block ECG's needed to substantiate the indication for permanent pacemaker in an very elderly lady. 4.why dual chamber pacemaker.....that to in an very elderly lady + AF.....why not single chamber pacemaker considered. Give reasons. 5.from where intravenous access obtained...please mention. 6.where was the right atrial appendege, below or above the membrane? 7.in the discussion you mention that the inferior chambers receives the right atrial appendege....but you have placed the lead in the superior chamber?? 8