

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 14857

**Title:** Cardiac and non-cardiac causes of T-wave inversion in the anterior chest wall leads in adult subjects: A Dutch case series and review of the literature.

**Reviewer code:** 00608278

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2014-10-28 16:47

**Date reviewed:** 2014-11-01 15:51

| CLASSIFICATION   | LANGUAGE EVALUATION  | RECOMMENDATION                      | CONCLUSION   |
|--|--|-------------------------------------|--|
| <input checked="" type="checkbox"/> Grade A: Excellent | <input checked="" type="checkbox"/> Grade A: Priority publishing     | Google Search:                      | <input checked="" type="checkbox"/> Accept             |
| <input type="checkbox"/> Grade B: Very good            | <input 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 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

**Summary:** In this manuscript written by Said et al. first report on “Cardiac and non-cardiac causes of T-wave inversion in the anterior chest wall leads in adult subjects”. The authors observed that among 5 patients, 5 patients showed marked prolongation of the QTc interval. The longest QTc interval (639 ms) was found in the patient with pheochromocytoma. Deep T-wave inversion was detected in three and mild in two of the patients. In 3 patients diagnosed with pulmonary embolism (PE), left ventricular hypertrophy (LVH) and arrhythmogenic right ventricular cardiomyopathy/dysplasia (ARVC/D) presented with mild T wave inversion, the QTc interval was not prolonged. They concluded that T-wave inversion associated with or without QT prolongation may be encountered in a variety of clinical conditions. In the reversible (dynamic) types resolution of T-wave inversion may occur after days, weeks, months or years following the index event. Tailored diagnostic approach should be conducted avoiding overuse of diagnostic methods. Specific tailored diagnostic tools and therapeutic interventions were undertaken when high index of specific clinical suspicion was raised towards certain disease entity. The manuscript provides main finding: 1. In patients with T-wave inversion, T-wave inversion associated with or without QT prolongation may be encountered in a variety of clinical conditions. The paper addresses important issue with potential clinical and research. There are several concerns to consider. 1. I highly recommend the authors to correct a lot of English errors including grammatical errors. 2. In the abstract, there were



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too many abbreviations in body. Few abbreviations were defined at the first time like ECG etc. In addition, several abbreviations were used one or two time. The authors should concentrate the conclusions of the abstract. 3. This reviewer found that this article is very not succinct and generally well written. The authors carefully reconstruct and concentrated all text including introduction, method, results and discussion section. 4. The authors must carefully read the guideline of the author and start to prepare manuscript especially citing references and its format.

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

**ESPS manuscript NO:** 14857

**Title:** Cardiac and non-cardiac causes of T-wave inversion in the anterior chest wall leads in adult subjects: A Dutch case series and review of the literature.

**Reviewer code:** 02633437

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2014-10-28 16:47

**Date reviewed:** 2014-11-04 19:03

| 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"/> 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 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

In this paper, authors report the various clinical conditions of patients with T wave inversion in the anterior chest wall leads. This review article is interesting and very educational. Although this review article is well-written, authors should correct some points and add more several discussions. Comments: 1. In discussion section, authors describe the reversible T-wave inversion in patients with SAH. We frequently experience the patient with SAH who has ST-T abnormality due to Takotsubo cardiomyopathy. Authors should add the comment about the relationship between SAH and Takotsubo cardiomyopathy. 2. In figure 7A, ECG signals in leads I, II, and III are not shown. You should show the all signals in 12-ch ECG leads.