

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 17391

Title: Cardiac involvement in Duchenne and Becker muscular dystrophy

Reviewer's code: 02517086

Reviewer's country: Saudi Arabia

Science editor: Xue-Mei Gong

Date sent for review: 2015-03-04 15:10

Date reviewed: 2015-03-12 11:48

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The manuscript is very well written and it gives a good review of the cardiac involvement in muscular dystrophies and their natural history and suggests a nice approach to manage and follow those patients. The only comment I have is that the incidence rate is very much higher than the prevalence rate. I recommend this paper for publication after revising these rates

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 17391

Title: Cardiac involvement in Duchenne and Becker muscular dystrophy

Reviewer's code: 00276417

Reviewer's country: United Kingdom

Science editor: Xue-Mei Gong

Date sent for review: 2015-03-04 15:10

Date reviewed: 2015-03-09 05:35

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Y] Accept
<input checked="" type="checkbox"/> Y] Grade B: Very good	<input checked="" type="checkbox"/> Y] Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> Y] No	<input type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> Y] No	

COMMENTS TO AUTHORS

The review by Mavrogeni et al of the cardiac abnormalities in the dystrophinopathies and their female carriers is well-written, covering the pathology behind both DMD and BMD. It then goes into the details of the cardiac abnormalities encountered in the patients and the female carriers and covers the findings on ECG, echocardiography and then cardiac MR. The manuscript is well referenced and provides the general cardiology reader with an update into the cardiac complications of these muscle dystrophies. It also provides an insight into potential interventions that could delay the inevitable cardiac complications if commenced early. In their conclusions they advised commencing ACEI and beta-blockers to those with demonstrable abnormalities. This is justifiable, but I would recommend that they tone down the last phrase about avoiding the complications, as the best evidence we have suggests a reduction of the incidence of these complications rather than an avoidance of their occurrence. In addition, the authors should be advised to make the following corrections: In page 3, first paragraph, lines 6-7, it states: The incidence of BMD is 1 in 18,450 males and prevalence 2.4 per 100,000 in the general population (2, 3). It should be: The incidence of BMD is 1 in 18,450 males and prevalence 2.4 per 100,000 in the general population (2, 3). In page 5, paragraph 2, lines 1-2 state:



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Cardiac disease in DMD is progressive and finally conducts to ventricular dysfunction, usually accompanied by ventricular dilation (12). This should have said: Cardiac disease in DMD is progressive and finally leads to ventricular dysfunction, usually accompanied by ventricular dilation (12). In page 7, second paragraph, line 19: It states: any correlation with genotype-phenotype (45), even in the absence of overt It should be any correlation with genotype-phenotype (45), even in the absence of overt Dr A Al-Mohammad