



# BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

http://www.wjgnet.com

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 22612

**Title:** Single lead catheter of implantable cardioverter-defibrillator with floating atrial sensing dipole implanted via persistent left superior vena cava

**Reviewer's code:** 00100945

**Reviewer's country:** Israel

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2015-10-10 14:48

**Date reviewed:** 2015-10-15 04:01

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> 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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

### COMMENTS TO AUTHORS

Very nice case report,



# BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

http://www.wjgnet.com

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 22612

**Title:** Single lead catheter of implantable cardioverter-defibrillator with floating atrial sensing dipole implanted via persistent left superior vena cava

**Reviewer's code:** 00227341

**Reviewer's country:** Italy

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2015-10-10 14:48

**Date reviewed:** 2015-11-17 17:34

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" 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"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" 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 type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		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"/> No	

### COMMENTS TO AUTHORS

The authors present an interesting case report on a possible technology for pacemaker or implantable cardioverter defibrillator in patients with persistent left superior vena cava. I suggest to modify the ( vector between right ventricular coil and can) in (vector between right ventricular coil and anterior -can ) (page 6,line 15). Please specify total x-ray exposure time, values of atrial and ventricular sensing, ventricular pacing, impedance and shock impedance in parentheses.

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 22612

**Title:** Single lead catheter of implantable cardioverter-defibrillator with floating atrial sensing dipole implanted via persistent left superior vena cava

**Reviewer's code:** 00225356

**Reviewer's country:** Italy

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2015-10-10 14:48

**Date reviewed:** 2015-11-22 14:59

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> 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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

### COMMENTS TO AUTHORS

The paper by dr. Toselli et al. reports the implantation and follow-up data of a patient with persistent left superior vena cava who underwent ICD implantation with a single lead capable of atrial sensing . The paper is interesting and the following points are for manuscript improvement. 1.The authors should rephrase the initial paragraph of the discussion, so that it becomes more explicit why even in patients with a right superior vena cava it is in any case more appropriate to implant the device on the left side. This is an important information given by this case report. Moreover, it seems that the defibrillation test at implant was done, opposite to what currently happens in the ICD implantation in "normal" patients. Therefore, the authors should report the data of the defibrillation test and discuss if this should be performed routinely in such cases. 2.Do the author have any imaging during follow-up which may document that the lead did not displace? If not they should better discuss that stable values at remote monitoring are very much in favor of a stable position of the lead. 3.Since in the introduction the authors state that they will present a review of the literature, they should provide a table with the data of similar publications. 4.On page 6, "beyond the tricuspid valve" is



## BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)

<http://www.wjgnet.com>

---

probably better than “throughout the tricuspid valve” 5. On page 6, the phrase “Diagnostics also revealed sensing/pacing time with AS/VS 90%” is not clear to the general readership.