



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: 25365

Title: Rare presentation of intralobar pulmonary sequestration associated with repeated episodes of ventricular tachycardia

Reviewer's code: 00506608

Reviewer's country: United States

Science editor: Fang-Fang Ji

Date sent for review: 2016-03-07 12:17

Date reviewed: 2016-03-14 03:32

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 checked="" 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"/> 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

This is an interesting and very unusual case. It appears that the patient was managed with a stent in a stenotic vessel which might help address her arrhythmia. However, it is unclear how and why the authors chose the management plan that they did - the sequestration is still there and at risk for problems. Given her presentation - was there consideration to lobectomy (as is often the management for sequestration) and/or ligation of the anomalous artery off of the RCA? It appears the artery is still patent - should this be ligated? Was there consideration given to coil embolization at the time of her PCI/cath? The discussion regarding some of the management nuances should be expanded on - particularly the indications and options for the different interventions.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 25365

Title: Rare presentation of intralobar pulmonary sequestration associated with repeated episodes of ventricular tachycardia

Reviewer's code: 00060498

Reviewer's country: India

Science editor: Fang-Fang Ji

Date sent for review: 2016-03-07 12:17

Date reviewed: 2016-03-25 22:31

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"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" 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"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		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

Manuscript is well written. Authors may highlight the learning points more clearly

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 25365

Title: Rare presentation of intralobar pulmonary sequestration associated with repeated episodes of ventricular tachycardia

Reviewer's code: 00211914

Reviewer's country: China

Science editor: Fang-Fang Ji

Date sent for review: 2016-03-07 12:17

Date reviewed: 2016-04-01 08:30

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 checked="" 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 checked="" type="checkbox"/> No	<input checked="" 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"/> No	

COMMENTS TO AUTHORS

This manuscript (MS) described a rare and interesting case of “intralobar pulmonary sequestration” which was supplied by two vessels: the right pulmonary artery and the right coronary artery. The clinical presentations of dual blood supplies and repeated episodes of ventricular tachycardia (VT) were very unusual. Although it is an interesting case, the following areas will need to be revised before consideration for acceptance. Major comments: 1. Page 2, Case Report Section, Line 1-3. Authors stated that “she had undergone recently radiofrequency ablation (RFA) for ventricular tachycardia (VT). Coronary angiogram prior to RFA had mild RCA disease.” It indicated that she did not have significant coronary artery stenosis at the time she underwent radiofrequency ablation treatment for VT. Thus, the VT was an association but not necessarily resulted from significant coronary artery disease (CAD). Therefore, it is not appropriate to use the term “A cause of ischemic VT”. The title of this MS should be revised. Authors may consider revising the title to: “A rare presentation of intralobar pulmonary sequestration associated with repeated episodes of ventricular tachycardia”. 2. This MS provided two figures and a video that were related to coronary artery



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angiograms. However, an image supporting the diagnosis of intralobar pulmonary sequestration is lacking. Suggest adding an image such as computed tomographic (CT) scan or magnetic resonance imaging (MRI) which would confirm the presence of intralobar pulmonary sequestration. Minor comments: 1. Page 2, Case Report Section, Line 7. Authors wrote "Echo was normal", since authors have already described earlier: " ---electrocardiography(ECG) and echocardiography were normal." Then, the sentence "Echo was normal" may not be necessary. However, if this sentence means "abdominal echo is normal", then, the type of Echo would need to be specified. 2. Page 2, Case Report Section, Line 10. Authors wrote "The follow up in levophage confirmed normal pulmonary venous drainage". The term "levophage" may be mis-wrote, should it be "levophase" ? 3. There are a lot of English rhetoric and grammatical weak points, such as: a. Page 1, Abstract Section, Line 3. "We present a 60 years old woman presented with repeated episodes of ----" There are two "present" in this sentence. b. Page 2, Case Report Section, Line 7. The sentence "Myocardial stress perfusion scan positive for inducible ischemia in right coronary artery territory" has no verb in this sentence. c. Page 2, Line 5 from bottom. The sentence " ---,she no episode of VT" has no verb in this sentence. I recommend consulting a native English speaker to assist in editing the grammatical portion of this MS.