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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 24899

Title: Acquired aortocameral fistula occurring late after infective endocarditis: An emblematic case and review of 38 reported cases

Reviewer's code: 00276417

Reviewer's country: United Kingdom

Science editor: Jin-Xin Kong

Date sent for review: 2016-02-16 16:14

Date reviewed: 2016-03-14 05:00

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

Dear Sir/Madame, Said et al report in this manuscript a patient who had infective endocarditis of the aortic valve 7 years before presenting with the aortic to right atrial fistula. They reviewed the published literature on the aortic-atrial fistulae, but also included several cases of similar connections that occurred between the aorta and other chambers including the ventricles, the left atrium and the pulmonary artery. They should either remove the cases that were not aortic-right atrial fistulae; or if they want to keep all the cases, then they should alter the title and several parts of the abstract and the manuscript that are claiming to discuss the aortic to right atrial fistulae, and change these to become a topic on aortocameral fistulae.



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 24899

Title: Acquired aortocameral fistula occurring late after infective endocarditis: An emblematic case and review of 38 reported cases

Reviewer's code: 00736658

Reviewer's country: Italy

Science editor: Jin-Xin Kong

Date sent for review: 2016-02-16 16:14

Date reviewed: 2016-03-31 04:35

Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, SCIENTIFIC MISCONDUCT, CONCLUSION. It contains checkboxes for various evaluation criteria like 'Grade A: Excellent', 'Priority publishing', 'Duplicate publication', etc.

COMMENTS TO AUTHORS

I have read with interest the manuscript by Said and Mariani. They presented a clinical case of an acquired right aortic sinus-right atrial fistula occurred later after a cardiac operation and in the same time they made a review of a literature. The interesting side of the manuscript is the review rather than the clinical case. Infact, the latter in superficially described and a better description of the surgical procedure is necessary to improve the paper. Please, describe better the surgical procedure The review is well written and reports a total of 38 cases, presented in different clinical scenario. In the "diagnostic modalities" section, heart and great vessels CT scan diagnostic tool is missing as well as magnetic nuclear resonance of the chest. Please make a comment about that. In the discussion you have to discuss the reason why you don't add at your diagnostic strategy other diagnostic tool as CT scan or other.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Cardiology

ESPS manuscript NO: 24899

Title: Acquired aortocameral fistula occurring late after infective endocarditis: An emblematic case and review of 38 reported cases

Reviewer's code: 03201095

Reviewer's country: China

Science editor: Jin-Xin Kong

Date sent for review: 2016-02-16 16:14

Date reviewed: 2016-04-05 09:42

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"/> No	<input checked="" 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

This is a quite good and interesting case. As an infrequent but life-threatening entity, it is worthy to summarize the clinical feature and the best management of such a disease. We did learn a lot from this article. And thanks for sharing such a good case.