

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 27678

**Title:** Optical coherence tomography to identify the cause of an arrhythmic storm: A case report

**Reviewer's code:** 00227375

**Reviewer's country:** Japan

**Science editor:** Shui Qiu

**Date sent for review:** 2016-06-16 20:16

**Date reviewed:** 2016-06-22 19:32

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> 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 checked="" 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 checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

This is a rare case report that optical coherence tomography was a useful tool to identify the cause of electrical storm. This manuscript is nicely structured and well written. I have no question about this manuscript.

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 27678

**Title:** Optical coherence tomography to identify the cause of an arrhythmic storm: A case report

**Reviewer's code:** 00060494

**Reviewer's country:** Taiwan

**Science editor:** Shui Qiu

**Date sent for review:** 2016-06-16 20:16

**Date reviewed:** 2016-06-19 21:04

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"/> 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

It is an interesting case report. However, the clinical application of OCT in CAD is no more a novel finding. The OCT supports an emerging technology for performing high-resolution cross-sectional imaging than angio and IVUS. Besides, you should give the lab data and biochemistry including the electrolytes in the article.

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 27678

**Title:** Optical coherence tomography to identify the cause of an arrhythmic storm: A case report

**Reviewer's code:** 00225356

**Reviewer's country:** Italy

**Science editor:** Shui Qiu

**Date sent for review:** 2016-06-16 20:16

**Date reviewed:** 2016-06-25 23:24

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 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"/> 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

The paper by dr. Couture et al. reports a case in which optical coherence tomography was essential to unmask the cause of an arrhythmic storm after aborted sudden death and a previous non-diagnostic coronary angiography. In this case this methodology was essential to modify the treatment strategy. The case is interesting and well documented and the manuscript well written. There are few point to clarify or revise. 1. Although presumably of short duration, it would be interesting to have information about the follow-up. 2. Since the size of the pictures will be reduced upon publication and they are of paradigmatic importance, I would suggest to subdivide figure 1 A-H into three different figures: figure 1 A-B, figure 2 A-C and figure 3 A-C. 3. Figure legends should be more detailed for the less experienced readership, the arrows should be explained, and panels D and H of the lumen reconstruction during device withdrawal deserve a more in-depth explanation. 4. In the discussion, the last 3 references are cited in an unusual way and they are not in the reference list; PUMBED ID and doi of each reference are required by the editorial rules. 5. I was unable to find the videos

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 27678

**Title:** Optical coherence tomography to identify the cause of an arrhythmic storm: A case report

**Reviewer's code:** 02446694

**Reviewer's country:** Japan

**Science editor:** Shui Qiu

**Date sent for review:** 2016-06-16 20:16

**Date reviewed:** 2016-06-29 03:29

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 type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" 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 type="checkbox"/> Minor revision
		BPG Search:	<input checked="" 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 reported a case of ventricular fibrillation (Vf) storm induced by acute coronary syndrome, which was confirmed using optical coherence tomography (OCT). This case report was interesting, but there are several problems to be solved. 1) Coronary angiography and OCT showed the unstable plaque, but this plaque was non-occlusive. Why did the non-occlusive plaque cause Vf storm? I think that coronary spasm play a role of occurrence of Vf storm. The authors should comment on this. 2) According to the OCT findings, there was a non-occlusive thrombus, but as for me, the finding of plaque rupture was not detected. As for me, coronary erosion and the following thrombus formation, due to coronary spasm, seems to be the main mechanism for ACS in the present case. If the authors had the image of plaque rupture in the present case, they had better show them. 3) The authors had better changes words in the "title" from "trigger" from to "cause" or "mechanism".