

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Hypertension

ESPS manuscript NO: 14396

Title: Catheter Ablation for Atrial Fibrillation in a Subset of Patients with Concomitant Hypertension

Reviewer's code: 00214305

Reviewer's country: Greece

Science editor: Xue-Mei Gong

Date sent for review: 2014-10-05 12:28

Date reviewed: 2014-10-22 01:48

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	PubMed 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 checked="" 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 study display important limitations that should be clearly stated. Major comments ? This is a retrospective analysis. ? Very low number of patients studied in both groups [12 with normal left atrial dimensions (Group 1), and 21 with enlarged left atria (Group 2)]. Therefore, these findings have to be interpreted with great caution. This has to be reported. ? Heterogeneous population with respect to drug medication ? Page 3, Introduction: please modify the last paragraph and focus only on the aim of your study. The same details are provided at the methods. ? Page 4, Results: The authors report that "There was a significant difference in the mean SBP levels across the follow up periods ($p=0.009$)". Please provide more details. ? Page 4, Results: The authors report that "Significant interaction was found between follow up periods and the study group ($p=0.004$)". What do you mean? Which study group? Minor comments ? Provide details regarding the ablation procedure

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Name of journal: World Journal of Hypertension

ESPS manuscript NO: 14396

Title: Catheter Ablation for Atrial Fibrillation in a Subset of Patients with Concomitant Hypertension

Reviewer's code: 00225356

Reviewer's country: Italy

Science editor: Xue-Mei Gong

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed 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

In this retrospective study, Sharma et al. analyze the results of catheter ablation of atrial fibrillation in a subset of patients with hypertension. They observed that, among the patients who were on sinus rhythm after one year, those who had a normal left atrium (< 4 cm) and probably a neurogenic form of systolic hypertension had significant reduction of systolic blood pressure after PVI and GP ablation as compared to those who had an enlarged left atrium (> 4 cm). The data and the concepts in the manuscript are interesting, but in the present form the paper is not very well written and several points require revision. 1.The concept underlying the whole paper, i.e. the patients who have no structural heart disease and a normal left atrium have probably a neurogenic form of hypertension, is not clear to the reader. In other words, it is not clear why the patient population on sinus rhythm at 1 year is subdivided in normal and dilated left atrium. Although this is an hypothesis, which seems to be confirmed by this observation, it should be clearly explained in the introduction. 2.In the patient screening for catheter ablation of atrial fibrillation the echocardiographic volume or the left atrial area rather than the diameter are taken. Moreover, it is not clear if the authors refer to the antero-posterior



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or transverse left atrial diameter. 3.The second part of the introduction presents data that are later presented in the methods and therefore is redundant 4.The first paragraph of the results (patient medications) can be summarized in a table 5.The meaning of the asterisks in figure 1 is not explained (statistical significance?) 6.The second part of table 1 reports the same data shown in figure 1 and 2. 7.The last phrase in the abstract should be substituted by the statement of the hypothesis

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Name of journal: World Journal of Hypertension

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Reviewer's country: China

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input checked="" type="checkbox"/> Accept
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		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The authors performed a retrospective study to discuss the significant differences in the mean systolic blood pressure before ablation and at follow up intervals, with the systolic blood pressure being lower post ganglionated plexi ablation in patients with atrial fibrillation and hypertension with normal left atrial dimensions. These observations are interesting, and could be helpful in clinic study.