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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

Name of Journal: *World Journal of Cardiology*

ESPS Manuscript NO: 23948

Manuscript Type: Topic Highlight

Reviewer's code: 03468699

COMMENTS TO AUTHORS

The numbers of the references are disorderly. Also, I recommend to include the original study described as number 8 of reference.

- I included the original studies for reference number 8 as recommended.

Reviewer's code: 01293596

COMMENTS TO AUTHORS

The present report reviewed pathophysiology, imaging, and therapies with respect to cardiomyopathy in Becker type muscular dystrophy. The report is well written, and I suggest some issues to be comprehensive for readers.

1. Authors should add a table to summarize imaging modalities for diagnosis of Becker cardiomyopathy.

- I included a summary table as suggested

2. Section "Cardiomyopathy in BMD: Myocardial damage preferentially in the inferolateral wall is presumed to be due to exaggerated mechanical stress and not due to limited distribution of dystrophin in this region." Authors need to describe some evidence or add references for this comment.

- This statement is supported by reference 4.

3. Section "Pharmacotherapy : Aldosterone blockade can be added for patients with NYHA Class III or IV who are already on optimal doses of an ACEI and β blocker15." This sentence should be moved prior to the comments for eplerenone.

- Change was made and included in the manuscript as suggested

Reviewer's code: 00225356

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COMMENTS TO AUTHORS

This review article on cardiomyopathy in Becker muscular dystrophy is well written and of interest for the clinical cardiologist. There are few comments for improvement.

1.It would be nice to have a figure to explain the pathophysiology of the cardiomyopathy in this disease and another figure to show a typical ECG and/or some imaging (echo or CMR)

- I included a figure to help explain the pathophysiology of cardiomyopathy in Becker. Unfortunately I don't have access to ECG or echocardiographic image for CMR.

2.It would be nice if the authors discuss better (now it is only mentioned in the paragraph "device therapy") the risk of life-threatening arrhythmias in these patients, related to the presence of myocardial fibrosis. Are there specific data on sudden cardiac death in this patient population?

- The risk of arrhythmia and sudden cardiac death are observed in patients with dilated ventricle as authors proportionate the degree of arrhythmia to the severity of left ventricular dysfunction.

3.There are only experimental results of gene therapy. Therefore, this paragraph should be moved at the end of the paper and entitled: "Future therapeutic perspectives".

- I made changes as suggested

4.The manuscript and several references are not in the required editorial style.

- I reviewed the Format for Manuscript document and made changes into editorial style.