



SDI Review Form 1.6

Journal Name:	Cardiology and Angiology: An International Journal
Manuscript Number:	Ms_CA_52273
Title of the Manuscript:	Percutaneous balloon mitral valvotomy and PCI of Left anterior descending artery done in same sitting
Type of the Article	Case study

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	<ul style="list-style-type: none"> - The point of the report should be stated more precisely in the abstract. Why should clinicians be interested in this report? - All abbreviations should be defined at first use. Remove abbreviations from the title. - The article needs to be revised as a written report including removal of jargon. (i.e. same sitting, loaded on table, etc.) - The reference style can be simple citations without naming the article in the written text. - As the authors mention, I wonder if this could be an embolic etiology of coronary occlusion as against atherosclerotic coronary vascular disease. A major limitation of this case report is the inability to prove that there was no left atrial thrombus which is very common in this population. As they mention in the discussion, it would be useful to have performed intravascular imaging in the LAD, however this was not done. Reviewing the angiogram, it appears that the lesion is very thrombotic which makes one wonder if this is embolic in nature. - Given the clinical situation and her relative stability for the past many months, I wonder if this patient was symptomatic because of her non ST elevation myocardial infarction as against her mitral stenosis. I suspect that she was put into cardiogenic shock by her myocardial infarction. I wonder if performing the PCI and watching her progress prior to mitral valvuloplasty would be in the appropriate thing to do. - Patient information is visible on the pictures from the coronary angiogram. Please anonymize the pictures prior to further processing for patient confidentiality - Please indicate how long the subsequent follow up was. - <p>Figures need to have patient identification removed.</p>	
Minor REVISION comments	<ul style="list-style-type: none"> - The numbering of the figures is out of order and is not chronological in the manuscript. Please agree to the figures and numbering. - Please do not use abbreviations in the title - Please review the text for unnecessary capitalization and correct that - There are multiple grammatically errors and this will need proof reading by a native English speaker. - Is it a common practice to adopt a femoral approach for diagnostic angiography in ACS? Most practices currently perform this using radial approach. 	
Optional/General comments	None	

PART 2:

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Are there ethical issues in this manuscript?	<p><i>(If yes, Kindly please write down the ethical issues here in details)</i></p> <p>Figures need to have patient identification removed.</p>	



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Reviewer Details:

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