SCIENCEDOMAIN *international*
www.sciencedomain.org

SDI Review Form 1.6

Journal Name:	**Cardiology and Angiology: An International Journal**
Manuscript Number:	**Ms_CA_62937**
Title of the Manuscript:	**Malignant course of Right Coronary Artery**
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/journal/10/editorial-policy)

SDI Review Form 1.6

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		
Minor REVISION comments	Review report Title: Malignant course of Right Coronary Artery The manuscript is relevant, generally a clear work which puts the action on Anomalous aortic origin of a coronary artery **Reviewer Comments to Author:** 1. A point before this paragraph in the discussion However, there is still controversy concerning the mechanism by which the interarterial course is compressed between the aorta and the pulmonary artery However, sudden death is extremely rare in asymptomatic patient with anomalous RCAs, and there is no sudden death in children under 10 years of age or adults over 30 years of age. 2. Rephrase this sentence Troponin T was negative, Stress test was done which was inconclusive at 6.4 Mets by modified Bruce protocol, patient did not develop any syncope during the test but developed breathlessness significant which made him to stop the test Manifestations vary from asymptomatic patients to those who present with angina pectoris, myocardial infarction, heart failure, syncope, arrhythmias, and sudden death even in absence of atherosclerosis. aortic valve commissure are all thought to narrow the orifice, lateral luminal compression of the intramural portion of the coronary artery and compression of the coronary artery between the aorta An intravascular ultrasound (IVUS) study (10) found that luminal compression of the coronary artery was totally attributable to the aorta because the pressure of the pulmonary artery was much 3. Check spaces in text 4. Do you have the ethical agreement?	
Optional/General comments		

SDI Review Form 1.6

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?	***(If yes, Kindly please write down the ethical issues here in details)*** **Do you have the ethical agreement?**	

Reviewer Details:

Name:	***Balahbib Abdelaali***
Department, University & Country	***Mohamed V University in Rabat, Morocco***