

**Review Form 1.7**

Journal Name:	<a href="#">International Journal of Medical and Pharmaceutical Case Reports</a>
Manuscript Number:	Ms_IJMPCR_115531
Title of the Manuscript:	Cardiac Tamponade, an Unusual First Presentation of Systemic Lupus Erythematosus
Type of the Article	Case report

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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)
<b>Compulsory</b> REVISION comments  1. Is the manuscript important for scientific community? (Please write few sentences on this manuscript)  2. Is the title of the article suitable? (If not please suggest an alternative title)  3. Is the abstract of the article comprehensive?        4.Are subsections and structure of the manuscript appropriate?  5.Do you think the manuscript is scientifically correct?  6.Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form.	<b>1. The manuscript provides valuable insights into the rare presentation of systemic lupus erythematosus (SLE) as cardiac tamponade. Understanding such unusual manifestations is crucial for clinicians in various specialties.</b>  2 .The title "Cardiac Tamponade, an Unusual First Presentation of Systemic Lupus Erythematosus" effectively captures the rare and noteworthy aspect of the case report.  3. <b>The abstract provides a concise overview of the case report, highlighting the rarity of cardiac tamponade as the initial presentation of SLE.</b> 4. The manuscript follows a logical structure with clearly defined subsections.  5. <b>The scientific content of the manuscript appears to be accurate based on the information presented.</b>  6. The references cited in the manuscript provide relevant background information and support for the case report.	
<b>Minor</b> REVISION comments  1. Is language/English quality of the article suitable for scholarly communications?	1.The language and English quality of the article are generally suitable for scholarly communications. However, attention to detail and clarity is needed to enhance readability and ensure adherence to academic writing standards.	

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Optional/General comments	<div>1. Regarding the measurement of pericardial effusion, it would be beneficial to report the diameter in landmark locations, such as posterior to the left ventricle or around the right atrium, along with specifying the time of measurement, such as at end-diastole or at the maximum size during the cardiac cycle.</div> <div>2. While mentioning diastolic collapse of the right atrium as evidence of tamponade, it's important to note that right atrial diastolic collapse has lower specificity for tamponade. Instead, highlighting more reliable findings such as early diastolic collapse of the right ventricle and a congested inferior vena cava would enhance diagnostic accuracy.</div> <div>3. Clarifying the timeline between discontinuation of treatment for psoriasis and the onset of symptoms would provide valuable context regarding potential triggers or associations with the patient's presentation.</div> <div>4. As the diagnosis of tamponade is primarily clinical and based on Beck's triad, including an evaluation of pulse paradoxes would strengthen diagnostic accuracy, particularly given the borderline blood pressure noted in the patient.</div> <div>5. Noting the absence of a respirogram alongside the discussion of respiratory changes in mitral and tricuspid valve inflow would underscore the limitations in evaluating respiration-related changes, potentially affecting the interpretation of echocardiography findings.</div> <div>6. Providing details about the duration of medical treatment, discontinuation of medication, and the development of pericardial effusion would help distinguish between persistence and recurrence. Additionally, explaining the clinical rationale behind the decision for an invasive procedure like pleuro-pericardial window placement would enhance understanding of the management approach. Regarding presentation, it seems window placement was performed with no idea about lab data that were helpful to reach a diagnosis and right treatment</div> <div>7. Incorporating initial evaluation data such as erythrocyte sedimentation rate (ESR), C-reactive protein (CRP), complete blood count (CBC), blood urea nitrogen (BUN), creatinine, and thyroid function tests would enrich the comprehensive workup of the large pericardial effusion, particularly considering the patient's history of psoriasis and the possibility of collagen vascular disease.</div> <div>8. Clarifying that the list of common causes of pericardial effusion pertains specifically to those leading to cardiac tamponade, as referenced, would prevent ambiguity regarding the scope of the discussion.</div> <div>9. Emphasizing that the diagnosis of tamponade is primarily clinical, supported by echocardiography findings indicating hemodynamic compromise due to a large pericardial effusion, would provide clarity on the diagnostic process and the role of imaging modalities.</div>	
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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)	

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