

Review Form 1.6

Journal Name:	Asian Journal of Cardiology Research
Manuscript Number:	Ms_AJCR_85035
Title of the Manuscript:	Spontaneous Recanalization of an Occluded Left Internal Mammary Graft After Documented Atresia
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:

(<https://www.journalajcr.com/index.php/AJCR/editorial-policy>)

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PART 1: Review Comments

	Reviewer's comment	Author's comment <i>(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)</i>
Compulsory REVISION comments	<ol style="list-style-type: none">1. What could be the cause of diastolic dysfunction resulting in pulmonary hypertension? Is this age related or because of the on going atherosclerotic coronary artery disease with decrease blood flow creating a situation of demand and supply mismatch, or was the patient hypertensive any other factor was identified in this patient.2. Was the patient on antiplatelets, statins or lipid lowering drugs. This also has effect on the blood vessels.3. Yes it is very correctly said that the competitive flow with progression of the atherosclerotic disease in the native vessel (LAD) could have resulted in the patency of LIMA and the patient was on the above mentioned drugs which there is no mention in the text,4. Patients co morbid conditions need to be mentioned to as in diabetics the atherosclerotic disease is more of progressive nature than the non diabetics.	<ol style="list-style-type: none">1. The statement regarding the possible causes of the diastolic dysfunction has been added – lines 78-79.2. The patient's medication list has been added – lines 73-74.3. The patient's medication list has been added – lines 73-74.4. The patient's comorbidities has been added to the case description – lines 51-52.
Minor REVISION comments	<ol style="list-style-type: none">5. Competitive flow is a well known phenomenon and is the cause of graft occlusion. That is the reason that when there is more than 70% occlusion of the graft then only the vessel needs to be grafted.6. The LIMA flow also could be restricted because of the on going atherosclerotic disease in the native vessel which has extended to the anastomotic ares but this does not appear to be the case here. “String sign” was seen in the case reposted which meant there was complete occlusion with no flow.	<ol style="list-style-type: none">5. That's absolutely correct statement, but we don't fill that it should be added to the report, since the LIMA graft was performed for the tight LM lesion rather than to the boderline LAD narrowing.6. The mention about this mechanism has been added to the Discussion – lines 87-88, and the reffernce was provided (number 4 in the Reference list).
Optional/General comments	An interesting cases,	

PART 2:

	Reviewer's comment	Author's comment <i>(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)</i>
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	The Etical issues declaration has been added to the paper before the References section – lines 123-129.