

Review Form 1.6

Journal Name:	Asian Journal of Research in Cardiovascular Diseases
Manuscript Number:	Ms_AJRCD_85814
Title of the Manuscript:	Untreated tetralogy of Fallot in an adult patient complicated by acute pulmonary valve endocarditis.
Type of the Article	Case report

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.journalijrc.com/index.php/AJRCD/editorial-policy>)

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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		
Minor REVISION comments	<p>I thank the authors for the presentation of this interesting clinical case, I send them my suggestions to enrich the article:</p> <p>In the abstract:</p> <p>We report the case of an 18 year old male, who presented to the emergency department for prolonged fever, weight loss, with a systolic murmur, echocardiography showed a tetralogy of fallot with multiple vegetations on the pulmonary ejection pathway and pericardial effusion.</p> <p>I would like to know if you refer to the outflow tract of the right ventricle, because in the description of the case they mention the pulmonary artery</p> <p>English grammar needs to improve especially in the presentation of the case, in the first paragraph.</p> <p>In the history of the disease there is no history of drug use or other comorbidities, it is important to mention if there were any risk factors for EI, or if the patient presented any neurological complication, expected in this case.</p> <p>I suggest organizing the clinical findings, describing: Temperature, SO2, blood pressure, among others. Order and expand the description for example: had a cyanosis of the lips and extremities, digital hypocratism. It remains to describe the cardiac second noise, liver test.</p> <p>In the echocardiogram report, it is suggested to describe each of the findings and evidence it in the images. Images that demonstrate Fallot's tetralogy should be placed, showing RV hypertrophy, the right ventricular outflow tract, Indicate infundibular stenosis due to anterior displacement of the infundibular septum or the outlet septum. Also mention if there was any anomalous muscle bundle in the outflow tract of the right ventricle, as well as the measurement of the pulmonary branches (if they were of normal size or hypoplastic, stenosis, etc.), presence of PDA (it is important to mention it, because it has the same auscultation as the pulmonary regurgitation). It is important to mention the size of the pulmonary valve ring or if it is small.</p> <p>What were the values to consider adequate RV systolic function? What is the straddling of the interventricular septum? Also, in the text or in Figure 3, expand the description of the vegetations, the location and size of the largest, etc. The vegetations were only in the pulmonary artery or also in the ventricle? Were they in pulmonary branches? The vegetations caused obstruction?</p> <p>Another important image is that in parasternal long axis projection that shows the interventricular defect, point it out in an image without color, to demonstrate the defect and it is optional to put another image with color Doppler next to it. In addition, is important know the presence of ASD.</p> <p>The figures must be correctly marked, have abbreviations that allow the reader to easily understand the image even without having to resort to the text.</p> <p>Does the body scan refer to tomography or gammagraphy?</p> <p>The authors should also consider describing aorta, because→ The chronic volume load sustained by the overriding aorta is implicated in the dilation of the aortic root noted in adults with tetralogy of Fallot.(Than JL, Gatzoulis MA, Ho SY: Aortic root disease in tetralogy of Fallot. Current Opinion in Cardiology 2006, 21(6):569-572.)</p>	<p>Thank you for your comments.</p> <p>the pulmonary ejection pathway and pericardial effusion. : I refer to the pulmonary artery and its branches. We are going to improve the grammar and description of the clinical case, changes will be highlighted in yellow.</p> <p>Thank you for your comments on the case report, and Echocardiography, changes have been made according to your comments and are highlighted in yellow.</p> <p>We have added precisions about PDA, ASD, sizes of pulmonary valve ring and pulmonary artery branches. Precisions about RV function and description of vegetations located in the pulmonary artery and both right and left pulmonary arteries have been added as well. No vegetation have been detected in the RV and no obstruction has been caused by the vegetations. We have also added a description of the aortic root that was slightly dilated with moderate central aortic valve leakage.</p> <p>Straddling of the interventricular septum : this description has been removed and replaced with simpler description.</p> <p>Figures : we have added marks and abbreviations to the figures to facilitate the reading without returning to the text.</p> <p>By Body scan we refer to body CT scan (Tomography)</p> <p>We couldn't have access to other echocardiographic images other than those used in the manuscript, we have tried to enhance the description of the images in order to show the elements of Fallot tetralogy and pulmonary vegetations.</p> <p>Thank you for your time and I hope the changes I have made answer to your comments.</p>
Optional/General comments		

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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?	<u>(If yes, Kindly please write down the ethical issues here in details)</u>	No ethical issues for this manuscript