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 <u>NO</u> manuscript should be rejected only on the basis of '<u>lack of Novelty'</u>, 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.journalijrrc.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		
	I thank the authors for the presentation of this interesting clinical case, I send them my suggestions to enrich the article:	
	In the abstract:	
	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. 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	
	English grammar needs to improve especially in the presentation of the case, in the first	
	paragraph.	
	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.	
	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.	
	extremities, digital hypocratism. It remains to describe the cardiac second hoise, liver test.	
	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 hypoplasic,	
	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.	
	paintonary valve fing of in tele small.	
	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?	
	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 Doopler next to it. In addition, is important know	
	the presence of ASD.	
	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.	
	Does the body scan refer to tomography or gammagraphy? The autors 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.)	
Optional/General comments		

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PART 2:

		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)	

Reviewer Details:

Name:	Susan Pumacayo-Cardenas
Department, University & Country	Universidad Nacional San Agustin, Peru

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