

Review Form 3

Journal Name:	Asian Journal of Cardiology Research
Manuscript Number:	Ms_AJCR_129331
Title of the Manuscript:	Unveiling Metastasis Through Pericardial Effusion: A Clinical Case of Breast Cancer Recurrence
Type of the Article	Case report

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PART 1: Comments

	Reviewer's comment	Author's Feedback <i>(Please correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
Please write a few sentences regarding the importance of this manuscript for the scientific community. A minimum of 3-4 sentences may be required for this part.		
Is the title of the article suitable? (If not please suggest an alternative title)		
Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here.		
Is the manuscript scientifically, correct? Please write here.		
Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.		

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Is the language/English quality of the article suitable for scholarly communications?		
Optional/General comments	<p>Review : Manuscript Number:2024_AJCR_129331 - Asian Journal of Cardiology Research Case report: Unveiling Metastasis Through Pericardial Effusion: A Clinical Case of Breast Cancer Recurrence</p> <p>I read with great interest the paper, mainly because malignant pericardial effusions and their solving are one of my major professional and didactic interests. The case has nothing specific in for the evolution of a patient with breast cancer, who develops a second lung cancer, unfortunately. However, the case deserves scientific attention and publishing for the greater good, despite the unfortunate situation of the presented patient. My suggestions for improvement are:</p> <ol style="list-style-type: none">1. Adding, if available, the pathological result from the pericardial fenestration – was it breast metastasis or lung cancer metastasis?2. Is there any biopsy from the lung mass available?3. What approach was performed for pericardial-pleural fenestration – thoracotomy, VATS? Was it general anesthesia or local anesthesia with sedation, considering the brain metastases? Was it subxiphoidian approach?4. For cases like this, there is a procedure described in the literature that can be performed under local anesthesia and can drain the pericardial fluid, open a fenestration in the pericardium, and obtain pericardial biopsy – the paraxiphoid approach: DOI: 10.1510/icvts.2009.2112505. Bref discussions on managing the malignant pericardial fluid must be added – when to treat medically (AINS, chemotherapy, etc.) and when to drain – as an immediate emergency for tamponade and as the urgency for hypodiastolic pericardial effusion (there are a few hours to equilibrate the patient for drainage). <p>As a final remark, I am convinced that the improved paper as suggested can be published and it will add value to the journal, to the medical practice of the authors, and, first of all, to the patients who need our educated help. Congratulations for your work!</p>	Thanks for the comments. Noted and revised as per the comments.

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)	