

Review Form 3

Journal Name:	Cardiology and Angiology: An International Journal
Manuscript Number:	Ms_CA_129898
Title of the Manuscript:	Rare ECG Dynamics in Acute Coronary syndrome: Co-occurrence of De Winter and Wellens' Signs in proximal LAD occlusion
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>(1) I have an observation about the occurrence of De Winter sign in the first ECG shown in Figure 1; because the two striking features of De Winter sign in ECG are upsloping ST depression > 1mm at J point and tall, peaked, symmetrical T waves in precordial leads.</p> <p>(2) The ECG shown in Figure 1 shows seemingly tall T wave only in lead V3. But by definition we know that T wave is called tall when it is >10 mm in male. Here the T wave is roughly 7 mm. So tall, peaked T wave seems to be unlikely here in my view.</p> <p>(3) Regarding ST-segment, it is upsloping in lead V3 but there is no ST depression of >1 mm at J point. In other precordial leads, there are some ST elevation and horizontal ST depression.</p> <p>(4) In second ECG shown in Figure 2, there is presence of type A Wellens T wave pattern as it is mentioned.</p> <p>(5) So I think there is only Wellens T wave pattern of ECG in this case.</p> <p>(6) Due to acute proximal LAD occlusion, this Wellens T wave pattern occurred that is very pertinent.</p> <p>(7) Coronary angiogram showed proximal LAD thrombus that underwent successful PCI that is very also relevant.</p> <p>(8) Overall, it is a good case of important academic interest.</p>	<p>Thanks for the comment. We agree that first ECG does not fit fully into deWinters T wave, but it fulfils some of the necessary criteria of de Winters T wave. When deWinters T wave were there in ECG in our patient, he was having chest pain, while during wellens T wave, he was chest pain free.</p> <p>Also for deWinters, what has been mentioned in literature is – Tall, symmetrical, prominent T wave in precordial leads. Rather than defining what is tall T wave, it is more important that T wave should be uniformly Tall and symmetrical, which was there in ECG number 1. Also, J point elevation should not be there, which was also present in our case.</p> <p>Last one is , reciprocal subtle ST segment elevation should be there in avR, which was there in our ECG 1.</p> <p>We hope , we have answered all your queries.</p>

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)	Nil ethical issues