

Review Form 3

Journal Name:	Cardiology and Angiology: An International Journal
Manuscript Number:	Ms_CA_129985
Title of the Manuscript:	Severe Tricuspid Valve Regurgitation Due to Chordal Rupture Following Blunt Chest Trauma: a case report
Type of the Article	Case report

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.	A rare topic is touched in the field of emergency medicine/cardiology. It could have been even better if serial troponins levels were measured along with transesophageal echocardiography for a better understanding of the pathology. The discussion regarding management emphasized quick surgical management but could have been better if references/guidelines from ACC or ESC have been taken.	
Is the title of the article suitable? (If not please suggest an alternative title)	Yes.	
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.	Certain changes have been suggested, attached with manuscript with track changes ON	
Is the manuscript scientifically, correct? Please write here.	Yes	
Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.	Take reference from either ACC or ESC guidelines regarding management	

Review Form 3

<p>Is the language/English quality of the article suitable for scholarly communications?</p>	<p>Yes</p>	
<p>Optional/General comments</p>	<p>There is no explanation in the manuscript regarding the <i>TR which might have existed before the accident</i> . There should be serial monitoring of the troponin levels to see the rising or falling trends. There should be information on transesophageal echo for a better understanding of pathology. The valve gradients should be mentioned along with the severity criteria of TR. The morphology of other leaflets of the tricuspid valve should be mentioned. For the management plan, either ACC or ESC guidelines should be followed.</p>	<p>Thank you very much for your valuable comments on my manuscript. I truly appreciate your insights and have taken them into consideration to improve the quality of my work.</p> <p>Regarding the absence of clear recommendations for traumatic tricuspid regurgitation in asymptomatic patients, I understand the importance of this point. While there are no explicit guidelines for managing asymptomatic patients, the majority of case reports and series in the literature suggest that early intervention is advisable in cases of severe regurgitation, even in asymptomatic patients. This approach aims to improve outcomes before the onset of advanced right ventricular dysfunction and dilation.</p> <p>As for the transesophageal echocardiography, in our case, the TTE was sufficient to assess the degree and severity of the regurgitation, as well as its mechanism.</p> <p>Thank you once again for your constructive feedback.</p>

PART 2:

	<p>Reviewer's comment</p>	<p>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)</p>
<p>Are there ethical issues in this manuscript?</p>	<p><i>(If yes, Kindly please write down the ethical issues here in details)</i></p>	