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| Journal Name: | **[Asian Journal of Cardiology Research](https://journalajcr.com/index.php/AJCR)** |
| Manuscript Number: | **Ms\_AJCR\_138306** |
| Title of the Manuscript: | **Navigating Primary Coronary Angiography in Acute Myocardial Infarction with Dextrocardia: A Case Report on Diagnostic and Procedural Adaptations** |
| Type of the Article | **Case report** |

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| PART 1: Comments | | |
|  | Reviewer’s comment **Artificial Intelligence (AI) generated or assisted review comments are strictly prohibited during peer review.** | **Author’s Feedback** (It is mandatory that authors should write his/her feedback here) |
| **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.** | This case report is helpful because it talks about a rare situation—doing emergency PCI in a patient with dextrocardia who’s having a heart attack. It gives useful tips on how to adjust the procedure for this unusual anatomy, which could help cardiologists facing similar cases. There’s not much written about this, so it adds something new to the field. | Thank you for your feedback. |
| **Is the title of the article suitable?**  **(If not please suggest an alternative title)** | The title is fine. It’s clear and covers what the article is about—PCI in a dextrocardia patient with AMI. I wouldn’t change it. | Thank you for your feedback, the title has not been changed after revision |
| 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. | The abstract is good and covers the main points: the patient, the problem, and what was done. But it could mention a bit more about the challenges, like switching from radial to femoral access. Maybe add a line like: “The procedure was tricky, needing a switch to femoral access to engage the right coronary artery.” | Thank you for your feedback, the abstract has been changed to address the issue. |
| Is the manuscript scientifically, correct? Please write here. | The science seems solid, and the case makes sense with the details given. But they claim it’s the “first” case like this, which needs proof—like a quick PubMed search to back it up. Also, the ECG part is unclear, they should say if there was ST-elevation or not to confirm the heart attack. | Thank you for your feedback.A more extensive literature search showed that they were in fact similar cases, so that part has been removed from the article.The ECG did not show ST elevation, nor did it change during hospitalization, the patient was admitted to the cathlab for the ongoing thoracic pain and the high clinical suspicion of an ACS. |
| **Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.** | The references are okay and cover the topic, but a couple are messy (like #10 is cut off, and #6 isn’t clear). Fix those and make them consistent. Maybe add one more recent paper, like: Gupta MD, “PCI in situs inversus dextrocardia,” Heart Views, 2020, to show they’ve looked at similar cases. | Thank you for your feedback, the references have been fixed (#6 and #10) the proposed reference has been added also. The proposed paper was not found in a google scholar and PubMed search, but I added a recent paper that presented similar cases (ref #11). |
| Is the language/English quality of the article suitable for scholarly communications? | The English is mostly okay for a journal, but there are small mistakes, like “non- adaptation” (should be “non-adaptation”) and “require” instead of “requires.” A quick edit would clean it up. | Thank you for the feedback, the mistakes have been corrected. |
| Optional/General comments | It’s a solid case report with useful info for cardiologists. To make it better: (1) check if it’s really the first case with a literature search, (2) add ECG details like ST changes, (3) say how the patient did after the procedure, and (4) fix typos. The figure captions are confusing and need rewriting to be clear.  These are fixable, and the paper should be good after revisions. | (1) A more extensive literature search showed that they were in fact similar cases, so that part has been removed from the article. (2) No ST changes were noted during the follow up, the text was modified to include more information about the ECG.  (3) The follow-up of the patient has been detailed.  (4) Typos fixed  (5) The Figures captions have been rewritten |

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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?** | *(If yes, Kindly please write down the ethical issues here in details)* |  |