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| Journal Name: | [**Cardiology and Angiology: An International Journal**](https://journalca.com/index.php/CA) |
| Manuscript Number: | **Ms\_CA\_139413** |
| Title of the Manuscript: | **A 35 year old female presented with acute upper limb ischemia due to Polycythemia Rubra Vera: a rare case managed successfully in resource limited settings.** |
| 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 writehis/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.** | Presents clinically significant case of acute upper limb ischemia caused by Polycythemia Rubra Vera(PRV) in a young female patient.This is usually seen in older people. Highlights diagnostic and therapeutic challenges faced in a resource- limited setting.Points towards the need for a broader clinical vigilance and genetic screening. Meaningfully contribution. |  |
| **Is the title of the article suitable?****(If not please suggest an alternative title)** | Suggested Alternative Title:Acute Upper Limb Ischemia in a Young Female with Polycythemia Rubra Vera: A Rare Case Managed in a Resource-Limited Settings |  |

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| **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 current version:It is presented as a single unstructured paragraph.Most case reports now follow a structured abstract formatLike  Background, Case Presentation, Management, Outcome.Grammatical Errors: Several grammatical and phrasing issues (e.g., “She also gave auto amputation…” should be “She also reported autoamputation…”).Redundancies: Phrases like "normotensive, non-diabetic" are not clinically relevant in this case and can be removed.Missing Emphasis: The rarity of PRV in young patients and in the upper limb should be better highlighted. They occur as passing phrases.Suggested Additions & Revisions:Add a structured format. Like ->Background: Here (briefly) introduce PRV and its rarity as a cause of acute limb ischemia, especially in young individuals.Case Presentation: Summarize the key findings, the genetic confirmation, and all the imaging results. Management: Describe the intervention (catheter-directed thrombectomy, hydroxyurea, anticoagulation).Outcome: Brief follow-up of the results, like  improvement, no signs of ischemia seen, etc. Conclusion (optional, you may or may not add):Stress on importance of considering PRV in atypical vascular presentations – may be in a very few words.Delete or rephrase:Remove general terms like “normotensive, non-diabetic” unless they are hugely relevant to differential diagnosis according to the authors.Rephrase awkward or informal these expressions are awkward like: auto amputation – change to autoamputation was noted. |  |
| **Is the manuscript scientifically, correct?****Please write here.** | Yes, the manuscript is generally scientifically okay and presents a clinically relevant and rarecase. The diagnosis is supported by hematological findings, including pancytosis and (molecular) confirmation of the JAK2 V617F mutation, which matches current diag. criteria (for PRV). The association between PRV and thrombotic events is also established, and the authors correctly discuss its implications with regard to -> vascular complications.The therapeutic decision-making, mainly open catheter-directed thrombectomy (endovascular facilities absent) and the use of hydroxyurea and anticoagulation (long-term management), is correct with clinical guidelines specially in resource-limited settings.BUT, for a better clarity some suggestionss:* Make clearer anatomical descriptions and terminology in the case presentation.
* Correct inconsistent gender references (he/she).
* Justify a little more -- the imaging findings and their (diagnostic) value.
* Avoid repetitions.

If done, the manuscript quality will improve. |  |
| **Are the references sufficient and recent? If****you have suggestions of additional references, please mention them in the review form.** | Quite a few references are > 10 years old; may be updated. (post say 2018 papers)Areas where citation coverage is suggested:Updated PRV diagnostic criteria and classification (WHO 2016–2022). |  |

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|  | >Recent treatment algorithms or long-term management outcomes using JAK inhibitors or newer agents – for example  Ruxolitinib.Vascular surgery or interventional radiology guidelines for acute limb ischemia.Missing Literature Suggestions:Tefferi A. (2021). Polycythemia Vera: A Comprehensive Review and 2021 Update. *Am J Hematol*. <https://pubmed.ncbi.nlm.nih.gov/12583529/>European Society for Vascular Surgery (ESVS) 2020 Guidelines for acute limb ischemia. https://esvs.org/wp-content/uploads/2021/08/Acute-Limb-Ischaemia-Feb-2020.pdf |  |
| **Is the language/English quality of the article****suitable for scholarly communications?** | Some improvement can be done* Quite a few grammatical errors  incorrect verb tenses, subject–verb agreement etc .

Example -> “She also gave auto amputation” – this should be “She reported autoamputation” or may be-- autoamputation was noted.gender pronouns – he/she confusion I mentioned this earlier also.Several typographical errors – for instance  “forearm and ulnar pulse was absent” instead of “the forearm’s ulnar pulse was absent --- othersSpelling? “Hydroxyl urea” should be written as “Hydroxyurea”Sentences that are very long – should be cut into smaller ones. It improves readability.Keep phrases professional -- such as “gangrenous part was removed too” – not okay. Better write something like say  “surgical debridement of the necrotic tissue was performed.”My reco.Proofread well. The entire script. |  |
| **Optional/General** comments | If corrected as suggested then the paper will be valuable for educational and clinical reference. both forvascular surgeons and hematologists also. Specially those who work in low-resource or developing settings. |  |

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| **PART 2:**  |
|  | **Reviewer’s comment** | **Author’s Feedback** (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:**

 **Pratap N Mukhopadhyaya, India**