

Review Form 1.6

Journal Name:	Journal of Advances in Medicine and Medical Research
Manuscript Number:	Ms_JAMMR_93576
Title of the Manuscript:	Role of Multi Slice Computed Tomography in Assessment of Transposition of Great Arteries
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

	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)
Compulsory REVISION comments	<p>The authors present their experiences with CT angiography of patients with TGA. Firstly, although the manuscript may be submitted by a colleague who is not a paediatric cardiologist or a surgeon, some errors in terminology cannot be tolerated. For example 'predominant' types of TGA is not a common term. cc-TGA is something almost completely different in terms of physiology and morphology when compared to TGA. Moreover, in traditional text books, cc-TGA is more commonly evaluated with double inlet ventricles, etc rather than conotruncal anomalies.</p> <p>The sentence 'During the neonatal period, D-TGA can exist and can be managed via operations such as arterial switch operation (ASO), atrial switch operation (AtrSO), nikaidoh or rastelli operations' is not an acceptable knowledge, I recommend the authors to revisit their statement.</p> <p>'CCTGA may occur at later phase in life' is a scientific misnomer, since cc-TGA may be asymptomatic for years, but it's a congenital heart disease and it is already present at birth.</p> <p>The one disadvantage of a study setup is related to the patient population. Most of the newborns are being operated on with the diagnosis put with echocardiography alone. We do not use angiography and CT scan in routine algorithm. Therefore, exposing such newborns to CT/radiation is not acceptable. Therefore, although the authors have ethical committee approval there should be a scientific basis of evaluating newborns with contrast enhanced CT for TGA.</p> <p>Unfortunately, table-3 clearly demonstrates that CT does not provide additional data for TGA when compared to echocardiography.</p> <p>The authors evaluate their results and compare them with literature however most of the papers they refer belong to > 10 years.</p> <p>I recommend the authors to develop a different setup for their patient data, at least the readers should be convinced about all the CT's were mandatory for the diagnosis and building the treatment plan for each patient.</p> <p>Thank you</p>	
Minor REVISION comments		
Optional/General 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?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

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