

Review Form 1.7

Journal Name:	Cardiology and Angiology: An International Journal
Manuscript Number:	Ms_CA_95610
Title of the Manuscript:	Coronary Artery Ectasia as a Predictor of Major Adverse Cardiac Events in patients with Acute ST Elevation Myocardial Infarction
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)
<p>Compulsory REVISION comments</p> <p>1. Is the manuscript important for scientific community? (Please write few sentences on this manuscript)</p> <p>2. Is the title of the article suitable? (If not please suggest an alternative title)</p> <p>3. Is the abstract of the article comprehensive?</p> <p>4. Are subsections and structure of the manuscript appropriate?</p> <p>5. Do you think the manuscript is scientifically correct?</p> <p>6. Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form.</p> <p>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</p>	<p>1. Yes This is a prospective cohort study which was carried out on 300 cases divided into two groups: Group I: including about 22 STEMI cases with CAE and Group II: including about 278 STEMI cases without CAE. Regarding MACE in the studied groups, incidence of reinfarction and cardiac death were significantly higher in cases with STEMI and CAE than cases with STEMI alone. In univariate regression analysis and in multivariate regression analysis CAE was a significant predictor of cardiac death but age, male sex, and EF were not. Diabetes mellitus, smoking and warfarin therapy were significantly different between the investigated groups</p> <p>2, 3, 4, 5, 6: yes</p>	
<p>Minor REVISION comments</p> <p>1. Is language/English quality of the article suitable for scholarly communications?</p>	<p>Yes</p>	
<p>Optional/General comments</p>	<p>Suggestions for minor changes: Ate abbreviations int he paper must be correctly indicated.</p> <p>Literature shoud be consequently written „the fundamental causes of ectasia production are still not entirely understood [15].</p> <p>Since CAE is related with inflammation and usually coexists with CAD, it has been hypothesised that CAE is a subtype of CAD. On the basis of the results of earlier investigations, it has been hypothesised that a more severe inflammation may play a role in the aetiology of CAE [16].</p> <p>Doi et al., 2017 must be deleted. :</p> <p>Follow-up for significant cardiac adverse events (MACE)</p> <p>MACE was defined as cardiac or non-cardiac mortality, death in hospital, re-infarction, re-admission for acute coronary syndrome, and repeat coronary revascularization. Doi et al., 2017 [7].</p> <p>Page 11:</p> <p>In the present study, it was found that cases with 0-1 pre-PCI TIMI flow were significantly higher in STEMI cases with CAE than STEMI cases without CAE (0.037). There was no significant difference</p>	

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	<p>in cases with 2 and 3 pre-PCI TIMI flow between ectasia and non-ectasia group ad: (Table 3).</p> <p>Page 12:</p> <p>However, Mir et al. ^[14] performed a meta-analysis where studies comparing outcomes of PCI in CE versus no-ectasia (NE) STEMI cases were identified. The results showed that both groups had comparable follow-up mortality results with [OR: 0.83, 95% CI 0.39–1.78; p = 0.63]. where they did not find any significant differences in cardiac death for STEMI in cases with and without coronary ectasia. The contradiction between both studies can be justified by the fact that all included studies were observational retrospective, with variable follow-up durations and different selection criteria. The predictive odds of all the components could not be calculated due to insufficient reporting of the stratified event rates.</p>	
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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?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

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