

## Review Form 1.7

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| Journal Name:            | <b>Journal of Advances in Medicine and Medical Research</b>   |
| Manuscript Number:       | <b>Ms_JAMMR_101476</b>  |
| Title of the Manuscript: | <b>AN APPROACH TO ELEVATED TROPONIN LEVELS DUE TO CAUSES OTHER THAN OCCLUSION MYOCARDIAL INFARCTION IN EMERGENCY SITUATIONS</b> |
| Type of the Article      | <b>Narrative review</b>   |

### **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:

(<https://www.journaljammr.com/index.php/JAMMR/editorial-policy> )

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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><b>Compulsory</b> REVISION comments</p> <p>1. <b>Is the manuscript important for scientific community?</b><br/>(Please write few sentences on this manuscript)</p> <p>2. <b>Is the title of the article suitable?</b><br/>(If not please suggest an alternative title)</p> <p>3. <b>Is the abstract of the article comprehensive?</b></p> <p>4. <b>Are subsections and structure of the manuscript appropriate?</b></p> <p>5. <b>Do you think the manuscript is scientifically correct?</b></p> <p>6. <b>Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form.</b></p> <p><b><u>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</u></b></p> | <p>1. <b>Yes</b></p> <p>2. <b>Yes</b></p> <p>3. <b>Yes</b></p> <p>4. <b>Yea</b></p> <p>5. <b>Yes</b></p> <p>6. <b>No</b></p> <p>In abstract<br/>Introduction<br/>occlusion myocardial infarction (OMI)<br/>OMI is frequently used for abbreviation of old myocardial infarction. Another abbreviation would be preferable.<br/>Discussion<br/>What does dissection mean? Aortic dissection or other?<br/>Among others→renal failure should be included because this is a representative non cardiac disease to raise troponin.<br/>Main manuscript<br/>Introduction<br/>from cardiac catheterization and stenting,→stenting can be avoided by findings of cardiac catheterization<br/><b>1.2. Current Troponin Testing Methods</b><br/>The fourth universal definition of myocardial infarction, published in August 2018→Please add a reference.<br/><b>2. Materials And Methods</b><br/>The search covered articles published from the inception of the databases up until September 1, 2019.→Why latest articles were not included?<br/><b>3.2. Causes of Troponin Elevation in Non-occlusion MI and Myocardial Injury</b><br/>However, chronic conditions associated with troponin elevation, such as left ventricular hypertrophy, chronic kidney disease, or pulmonary hypertension, will not be discussed in this review [1,4-12,24].→Very frequently chronic conditions to elevate troponin is superimposed on acute disease. Thus, when evaluating troponin elevation, chronic conditions should not be rule out for differential diagnosis. Thus, chronic conditions should be included for discussion. Or please add the chronic conditions in a flow chart for differential diagnosis.<br/><b>3.2.1.2. Takotsubo cardiomyopathy:</b><br/>The authors explained the disease but not mechanism of troponin elevation in this disease adequately.<br/><b>3.2.1.4. Tachycardias:</b><br/>myocardial infarction (MI), heart failure (HF) Please show the abbreviations at the first presentation.<br/><b>3.2.1.5. Aortic dissection:</b><br/>occlusive myocardial infarction (OMI)<br/>In the Introduction occlusion myocardial infarction (OMI). Don't explain same abbreviation twice by</p> |   |

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|  | <p>different full spellings</p> <p><b>3.2.2.5. End-stage renal disease:</b><br/>           patients with ESRD have higher rates of baseline troponin elevation, ranging from 50% to 73% [156-161]. It is a misconception that troponin elevation in ESRD is solely due to poor renal excretion.→Please explain only end-stage renal disease shows baseline troponin elevation or related to level of renal disease (CKD grade level etc.) Please add the mechanism of troponin elevation in renal disease other than excretion reduction if exists.</p> <p><b>3.2.2.7. Extreme exercise:</b><br/>           After strenuous exercise, such as prolonged aerobic activities like running, cardiac troponin levels can be significantly elevated. Studies indicate that troponin elevation is most commonly observed in individuals who have less training and experience in prolonged endurance events.<br/>           →Please add references for these sentences in this section.</p> <p>Please add a flow chart to differentiate the troponin elevation in the setting of emergency room and acute change in hospitalized patients based on the authors knowledge obtained by describing this narrative review. I believe that such simple flow chart will benefit in primary care personals.</p> |  |
| <b>Minor</b> REVISION comments   |  |  |
| 1. Is language/English quality of the article suitable for scholarly communications? | 1. Yes   |  |
| <b>Optional/General</b> 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? | (If yes, Kindly please write down the ethical issues here in details) |   |

**Reviewer Details:**

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|----------------------------------|-------------------------|
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