

## Review Form 1.7

Journal Name:	Asian Journal of Cardiology Research
Manuscript Number:	Ms_AJCR_99929
Title of the Manuscript:	ACUTE MYOCARDIAL INFARCTION REVEALING A POLYCYTHEMIA VERA: CASE REPORT
Type of the Article	Case study

### 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.journalajcr.com/index.php/AJCR/editorial-policy> )

### 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. 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><u>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</u></p>	<p><b>Important message</b></p> <p>The addition of the term case report is superfluous. The AMI as presenting symptom of ...</p> <p>Yes</p> <p>More or less. A number of relevant data is missing (- enlarged spleen, ultrasound? – lab values such as platelet count, LDH, etc – table?- was EPO level measured? ). As to the bone marrow biopsy: was immunology done? Moreover the question whether a cardiac stent was needed theoretically, the CAG with the thrombotic clot could have been dissolved with anticoagulation only? A table with (non-atherosclerotic) AMI causes might be helpful. For instance spasms (use of nasal drops, ergotamine, cocaine, etc) and systemic clots (SLE with lupus anticoagulans, etc)</p>	
<p><b>Minor</b> REVISION comments</p> <p>1. Is language/English quality of the article suitable for scholarly communications?</p>	<p>I think so,</p> <p>Suggestions: Vaquez-Osler; circumflex</p>	
<p><b>Optional/General</b> comments</p>		

### 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)
<p>Are there ethical issues in this manuscript?</p>	<p>(If yes, Kindly please write down the ethical issues here in details)</p>	

**Review Form 1.7**

**Reviewer Details:**

Name:	<b>A Dees</b>
Department, University & Country	<b>Ikazia Hospital, The Netherlands</b>