

Review Form 1.7

Journal Name:	Asian Journal of Cardiology Research
Manuscript Number:	Ms_AJCR_100427
Title of the Manuscript:	HIGH DEGREE ATRIOVENTRICULAR BLOCK: First Presentation of Arrhythmogenic Right Ventricular Cardiomyopathy/Dysplasia
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:

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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>no</p> <p>yes</p> <p>yes</p> <p>yes</p> <p>yes</p> <p>no</p> <p>yes</p>	
<p>Minor REVISION comments</p> <p>1. Is language/English quality of the article suitable for scholarly communications?</p>	no	
<p>Optional/General comments</p>	<p>In arrhythmogenic cardiomyopathy conduction disease is a rare event. Pacemaker implantation is very seldom.</p> <p>As myocardial biopsy were not performed, cardiac sarcoidosis could not be excluded.</p> <p>Right bundle branch block in the ECG favors the diagnosis of cardiac sarcoidosis, often with conduction disease or AV block 3°.</p> <p>In the ECG only limb leads are documented in the paper, but precordial leads does identify the diagnosis.</p> <p>Echocardiography is often misleading for the differential diagnosis ARVC or cardiac sarcoidosis.</p> <p>English quality of the paper is poor.</p> <p>After death is the autopsy performed ? This aspect may solve the problem of differential diagnosis.</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><i>(If yes, Kindly please write down the ethical issues here in details)</i></p>	

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