

Review Form 1.7

Journal Name:	Asian Journal of Cardiology Research
Manuscript Number:	Ms_AJCR_110547
Title of the Manuscript:	Heart and Brain Crisis: The Unseen Drama of Acute Cardio-cerebral Infarction Type 1
Type of the Article	

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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>Yes, the case of Stroke complicating AMI addresses an area of uncertainty in the management for clinicians . Delay in taking decision on management of one over other may lead to irreversible consequences of the patient .</p> <p>Title appears to be very extensive for the case A case of Ischemic Stroke complicating AMI</p> <p>Yes</p> <p>Mostly appropriate ,</p> <p>Yes</p> <p>Better to add the correct / appropriate reference to support every conclusion given in the discussion .</p>	
<p>Minor REVISION comments</p> <p>1. Is language/English quality of the article suitable for scholarly communications?</p>	<p>Some areas need a few adjustments</p>	
<p>Optional/General comments</p>	<p>ECG recording C is not very clear , RV infarction and Inferior posterior AMI is diagnosed , it's important to mention about haemodynamic status of the patient , and the action taken , like correction of pre load with fluid .if not required the possible explanations .</p> <p>Comment on the size of the cerebral infarct and discuss the mechanisms /Pathophysiology of how he developed cerebral infarction with AMI , the importance of no serious contraindication to proceed for PCI by the neurological team . keeping neuro surgeon stand by multi-disciplinary approach Clinically whether the patient was resistant to any antiplatelets if he had been on antiplatelets due to previous ischaemic strokes.</p> <p>To discuss about Cath lab availability of DES , DEB POBA and why you chose the specific stent already used ,please discuss the safest preferred ACT during this procedure, and the agent used .</p> <p>The case / procedure looks pretty simple, but the present topic looks very extensive , more suitable for series or very serious cases . Ischemic stroke complicating acute heart attack would suffice for this case in my opinion, It s better to discuss few things in the discussion area if possible for juniors to know.</p> <p>AIS and AMI types of presentations and the pathophysiology involved, The methods of available for acute ischemic strokes as treatment with time intervals ,</p> <p>The ECG strip needs to be more clearer, (strip C)</p> <p>The diagnosis of Acute inferior posterior and RV infarction be supported with low haemodynamics and with supporting measures like pre load correction with N Saline ,</p> <p>If it was not necessary as Hamodynamics were acceptable probable explanation due to , previous hypertension of the patient or possible</p>	

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	<p>explanation of mild involvement of RV infarction or spontaneous reperfusion, The need to have a panel discussion with multidisciplinary team approach with consultants, neurologist, Neurosurgeon, Anesthetist, Cardiologist, Heamatologist to. have a consensus opinion prior to begin the case excluding serious contra indications with reference to sizes of the brain infarcts and timing , The information regarding risk and benefits of PCI procedure to avoid family disputes and a proper written consent prior to the procedure. Discussion regarding , anti thrombotics and the antiplatelet regime to minimise the side-effect, and the need for reversibility in case of more bleeding and also if the patient has been previously on antiplatelets due to the previous episodes of strokes, prescribed by the neurologist , the possibility of antiplatelet , resistance for him to develop acute heart attack and acute stroke while on antiplatelet with possible resistance. Example of IV heparin was used restricting and monitoring ACT to 250 seconds to minimise bleeding contra indications for possible haemorrhagic. transformation of infarcts during the procedure, The procedure related information why the particular Stent was used for or due to availability at cath lab , Other modes of managing like POBA , DEB were not considered due to reasons of vessel wall recoiling and dissection with predialtation etc , Many Reference are more recent and Some more references are necessary or inappropriate a few uses</p>	
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PART 2:

	Reviewer's comment	Author's comment <i>(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)</i>
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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