

Review Form 1.7

Journal Name:	Asian Journal of Cardiology Research
Manuscript Number:	Ms_AJCR_119252
Title of the Manuscript:	Atrial fibrillation complicated by mesenteric and renal infarction : Case report
Type of the Article	

Review Form 1.7

PART 1: Review Comments

	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>
<p>Compulsory REVISION comments</p> <ol style="list-style-type: none"> 1. Is the manuscript important for scientific community? (Please write few sentences on this manuscript) 2. Is the title of the article suitable? (If not please suggest an alternative title) 3. Is the abstract of the article comprehensive? 4. Are subsections and structure of the manuscript appropriate? 5. Do you think the manuscript is scientifically correct? 6. Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form. <p><u>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</u></p>	<p>Review CaseReport_ Ms_AJCR_119252 Manuscript Title: Atrial fibrillation complicated by mesenteric and renal infarction : Case report.</p> <p>I've read with great interest the paper entitled "Atrial fibrillation complicated by mesenteric and renal infarction : Case report" by unknow authors, submitted in Asian Journal of Cardiology Research. This clinical case highlights a very interesting issue that has already been described several times in the literature, namely the importance of early diagnosis of renal and especially intestinal infarction in the presence of acute abdominal pain in patients with atrial fibrillation, which is a potential source of systemic thromboembolism. Indeed, it is well known that atrial fibrillation is the most common arrhythmia, with a global prevalence of 0.51%, and is associated with the development of cardiac thrombi and many thromboembolic events, mainly acute ischaemic stroke. Very rarely, however, atrial fibrillation can be complicated by acute renal or intestinal infarction. The diagnosis of this condition can therefore be challenging, and treatment guidelines have not yet been established. In this article, the authors present a case report of a patient with acute mesenteric embolic ischaemia and renal infarction as a complication of mitral stenosis-related atrial fibrillation.</p> <p>The article is well written in English although it could be improved, see for example my written reformulation of the abstract, for a better understanding that may facilitate the overall reading of the case report. For example, in 'Case presentation' there are three grammar mistakes. The past tenses should be used:</p> <p>Line 1 This was (not is)Line 2 She had been.... (not has)</p> <p>Line 13 Cardiovascular examination revealed (not reveals)</p> <p>Abstract Background: Renal and mesenteric infarction are rare pathologies whose presentation may be misleading to the clinician. Abdominal CT scan is essential for early diagnosis. Prompt initial treatment is crucial for subsequent prognosis. Case report: We report the case of a patient with mesenteric and renal infarction of thromboembolic origin due to rheumatic valvulopathy in atrial fibrillation who presented to the emergency department with acute abdominal pain. The angioscanner showed bilateral renal ischaemia, more extensive on the right, and occlusion of the superior mesenteric artery with signs of visceral distress. An effective dose of anticoagulation was started and an emergency laparotomy was performed, revealing a completely necrotic and distended bowel. The clinical outcome was unfavourable and the patient did not survive. Conclusion: This case study highlights the importance of diagnosing renal and mesenteric infarction in the presence of acute abdominal pain in patients with embolic heart disease or other risk factors for thrombosis. Key words: Atrial fibrillation, acute embolic mesenteric ischaemia, renal infarction.</p> <p>The background is adequate. The case presentation section could be improved by clarifying if the patient was not well controlled or if the anticoagulant therapy was not administered correctly. In addition, the authors should have included a transesophageal echocardiogram for occult atrial thrombosis, especially of the left atrial appendage. Next, the authors should explain what they mean by 'curative-dose anticoagulation' and, finally, how they explain the severe oxygen desaturation in ambient air in the absence of pulmonary thromboembolism.</p> <p>To be honest, I have to say that the discussion section is perhaps too wordy and scattered, so I would suggest that the authors summarise and focus on the need for timely clinical and</p>	

Review Form 1.7

	instrumental diagnosis, as well as spending a few words on optimising anticoagulant therapy in these cardiac patients at high risk of thromboembolism. Conclusion and bibliography are adequate.	
Minor REVISION comments 1. Is language/English quality of the article suitable for scholarly communications?	Yes, all good.	
Optional/General comments	This paper is suitable for publication after minor corrections.	

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>	

Reviewer Details:

Name:	Massimo Bolognesi
Department, University & Country	Italy