

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 (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> <ol style="list-style-type: none"> Is the manuscript important for scientific community? (Please write few sentences on this manuscript) Is the title of the article suitable? (If not please suggest an alternative title) Is the abstract of the article comprehensive? Are subsections and structure of the manuscript appropriate? Do you think the manuscript is scientifically correct? Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form. <p>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</p>	<ol style="list-style-type: none"> This is an interesting case. Several similar case reports have been published, emphasizing the importance of early mesenteric and renal infarction diagnosis in patients with atrial fibrillation. However, this report could still be valuable if the authors highlight new important findings, such as specific indicators for suspecting the diagnosis, which would help clinicians lower their threshold for screening and enable timely treatment. For example, other lab values besides LDH could be considered. Yes, it is suitable. An alternative title to consider if the authors can highlight a new perspective: "Atrial fibrillation-induced mesenteric and renal Infarction: insights from a case report" The background of the abstract should briefly explain the connection between renal and mesenteric infarction and atrial fibrillation. Yes, they are. Yes, the information presented is reliable and supported by evidence. However, do the authors have the ECG showing atrial fibrillation? It would be beneficial to include it. The number of references is sufficient, but only 7 out of the total 34 references were from the past 10 years. The remaining references are old, even dating back to the 1970s. Updated references would be preferable. 	
<p>Minor REVISION comments</p> <ol style="list-style-type: none"> Is language/English quality of the article suitable for scholarly communications? 	<p>There are still some grammatical errors to be corrected. For example, in the "Case report" section of the abstract, on page 1:</p> <ol style="list-style-type: none"> "...and emergency laparotomy was performed..." should be "an emergency laparotomy was performed." "The clinical outcome was unfavorable, the patient does not survive" should be "did not survive." <p>Additionally, many sentence structures in English can be improved. Please proofread the document again to address these issues.</p>	
<p>Optional/General comments</p>	<p>General comments:</p> <ol style="list-style-type: none"> Citations should be placed at the end of each relevant sentence rather than summarizing multiple sources as [1-4], [7-10], etc. For example, at the end of the discussion: "Only one retrospective study found..." which study? "... (up to 30% of cases, according to studies) [35]." This is inconsistent because it references only one study but uses "studies" in the sentence. Additionally, there is no reference number 35 in the list. Please ensure each citation accurately matches the referenced study and that the reference list is complete and correctly numbered. Please check the abbreviations: "mitral stenosis" should be abbreviated as "MS," not "MR." This error is found twice on line 2 of the case presentation on page 2 and line 4 of page 3. AMI is abbreviated twice, and the abbreviation "IMA" is suddenly appears with no description. All units are written without spaces. Is this to avoid exceeding the word limit? If so, it would be better to shorten the discussion section. The discussion is too long and should focus on key lessons from the case based on current understanding and theories. Since when has the patient had hypertension? What is their usual blood pressure with treatment? Is it higher than usual due to abdominal pain, or is there data showing an increasing trend in blood pressure that could indicate renal ischemia before it progresses to infarction? This simple finding could be very valuable. Was an abdominal ultrasound performed, or was a thoracoabdominal CT scan immediately 	

Review Form 1.7

	conducted for imaging? If so, what was the rationale? Was renal and mesenteric infarction suspected from the outset? The differential diagnosis considered in the emergency room should be included in the case description to guide the selection of subsequent examinations.	
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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>	

Reviewer Details:

Name:	Shinta Dewi Rasti
Department, University & Country	Airlangga University, Indonesia