

**Review Form 3**

Journal Name:	<a href="#">Asian Journal of Cardiology Research</a>
Manuscript Number:	Ms_AJCR_124625
Title of the Manuscript:	<b>Extra Cervical Rib Causing Thoracic Outlet Syndrome with Left Subclavian Artery and Vein Occlusion, Presenting in 38 years Old Male: A Clinical Case Report and its Literature review.</b>
Type of the Article	

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**PART 1: Review Comments**

<b>Compulsory</b> REVISION comments	Reviewer's comment	<b>Author's Feedback</b> <i>(Please correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
Please write a few sentences regarding the importance of this manuscript for the scientific community. Why do you like (or dislike) this manuscript? A minimum of 3-4 sentences may be required for this part.	This paper is interesting because it discusses an unusual case of a syndrome of growing clinical interest. The different problems of TOS syndrome are addressed precisely.	
Is the title of the article suitable? (If not please suggest an alternative title)	Yes	
Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here.	The abstract is comprehensive.	
Are subsections and structure of the manuscript appropriate?	Yes	
Please write a few sentences regarding the scientific correctness of this manuscript. Why do you think that this manuscript is scientifically robust and technically sound? A minimum of 3-4 sentences may be required for this part.	The work is interesting because it reports a rare case of TOS and explores various aspects inherent to this rare syndrome. However, precisely because it is the report of a single new case, albeit with peculiar aspects, the text should be more compact and made more summary and fluent.	
Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form. :	The references are sufficient and recent, however, it has been suggested to include others with recent interesting experience results.	

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<p>Minor REVISION comments</p> <p><b>Is the language/English quality of the article suitable for scholarly communications?</b></p>	<p>The English language quality is suitable for scholarly communications.</p>	
<p><b>Optional/General</b> comments</p>	<p>The work is interesting, however the work several changes and a substantial major revision are needed.</p> <p>The work is interesting because it reports a rare case of TOS and explores various aspects inherent to this rare syndrome. However, precisely because it is the report of a single new case, albeit with peculiar aspects, the text should be more compact and made more summary and fluent. There are several typos that need to be corrected. Here are some suggestions to complete the work that needs revision:</p> <ol style="list-style-type: none"> <li>1.It is desirable and recommended a detailed report about in-hospital complications in patients undergoing surgical treatment for TOS and the incidence rates of these traditional clinical measures of outcome in TOS patients.</li> <li>2. There are several surgical techniques for TOS, however, there has been only one report of endoscopically assisted transaxillary release of the anterior and middle scalene muscles, leaving the first rib intact for TOS (Satake H et al. Gen Thorac Cardiovasc Surg. 2024 Jul;72(7):487-494.) Authors, please add a discussion on this new interesting topic.</li> <li>3.In a recent report, Authors from the Netherlands focused on the idea behind performing a trans-axillary thoracic outlet decompression in primary cases. Institutional data on the outcomes of this surgical approach are described briefly in this report (Goeteyn J et al., Semin Vasc Surg. 2024 Mar;37(1):66-73. doi: 10.1053/j.semvascsurg.2024.02.006.).</li> <li>4.In one other recent paper, Authors from Philadelphia and Rome present the impact of completion intraoperative venography on clinical outcomes for axillosubclavian vein thrombosis owing to venous thoracic outlet syndrome. This retrospective study demonstrates that first rib resection with completion intraoperative venography has excellent symptomatic relief and short- and mid-term patency despite residual venous stenosis and complete occlusion (Creisher BA et al., J Vasc Surg Venous Lymphat Disord. 2024 Sep;12(5):101936. doi: 10.1016/j.jvsv.2024.101936.).</li> <li>5.The diagnostic workup of TOS often includes magnetic resonance neurography (MRN) of the brachial plexus, to maximize spatial and contrast resolution to increase the conspicuity of nerve segments and their relationships to surrounding osseous structures (Davidson EJ et al., Muscle Nerve. 2024 Sep 10. doi: 10.1002/mus.28246.).</li> </ol>	

**PART 2:**

	<p><b>Reviewer's comment</b></p>	<p><b>Author's comment</b> (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>
<p><b>Are there ethical issues in this manuscript?</b></p>	<p><i>(If yes, Kindly please write down the ethical issues here in details)</i></p>	

**Reviewer Details:**

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