

**Review Form 3**

Journal Name:	<a href="#">Cardiology and Angiology: An International Journal</a>
Manuscript Number:	Ms_CA_124535
Title of the Manuscript:	<b>Bilateral Adrenal Hemorrhage in a Patient Anticoagulated with Apixaban for Antiphospholipid syndrome (APS): a rare case report</b>
Type of the Article	<b>Case report</b>

**Review Form 3**

**PART 1: Review Comments**

Compulsory REVISION comments	Reviewer's comment	Author's Feedback <i>(Please correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
<p>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.</p>	<p>It is an interesting case report where authors discussed patients with APS who were put on DOAC and patient developed adrenal insufficiency and adrenal haemorrhage. However, the manuscript lacks scientifically and needs a lot of work to be able to be published in Cardiology and Angiology. For example, case description has a lot of flaws such as glucose levels units (not correct), authors have not mentioned about cortisol levels, in abstract they have mentioned patient was diagnosed later with APS but nothing is mentioned in the manuscript. Discussion part is very limited, and it jumps from one part to other without continuity for the readers to understand.</p> <p>ECG and ECHO images have no role in this case as they don't add up to diagnosis. they can be removed, instead authors can put a table about demographics and patients results. They can also put images of CT scan showing adrenal haemorrhages</p> <p>Main theme of the case should be:</p> <ol style="list-style-type: none"> <li>1. mechanism for development of adrenal haemorrhage in patients with APS e.g. thrombosis followed by haemorrhagic necrosis.</li> <li>2. If patient has developed adrenal haemorrhage whilst on DOAC indicates that DOAC might not be suitable for patients with APS as recommended by scientific community.</li> <li>3. would be a good idea if authors search the cases of adrenal haemorrhage on DOAC and/or APS and draw a table about those cases</li> </ol>	
<p>Is the title of the article suitable? (If not please suggest an alternative title)</p>	<ul style="list-style-type: none"> <li>- not suitable as per abstract patient was diagnosed with APS after she developed adrenal haemorrhage, and she was put on DOAC for DVT</li> </ul>	
<p>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.</p>	<ul style="list-style-type: none"> <li>- again, as discussed before main theme for this case report is development of adrenal haemorrhage in patients with APS</li> <li>- it should start with what is APS, why it is important (to prevent future thrombosis) followed by treatment available pros and cons of treatment</li> <li>- why DOAC might not be useful in these patients given probably less efficacious and more prone to thrombosis followed by adrenal haemorrhages</li> </ul>	
<p>Are subsections and structure of the manuscript appropriate?</p>	<ul style="list-style-type: none"> <li>- the whole manuscript is haphazard and doesn't seem to have a continuity for readers to understand it.</li> <li>- case presentation: irrelevant images of ECG and ECHO is provided but CT for adrenal haemorrhages is not provided</li> <li>- they have not mentioned about cortisol levels</li> <li>- normally acute adrenal haemorrhages patients less likely to develop mineralocorticoid deficiency e.g. hyponatremia and hyperkalemia until unless it develops &gt;28 days or more</li> </ul>	
<p>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.</p>	<p>It is not scientifically correct: e.g. However, to date, there are no sufficiently robust randomised controlled trials that have established the safety of DAAs [1-8]. authors have mentioned 8 references for this sentence but if you review these references many of them are case reports and none of them are dealing with safety of DOAC. DOAC are well established and good medications for prevention of TAD but might not be true for patients with APS. This is just one example but I can see the whole manuscript needs to be re-written with proper and through scientific research.</p>	

### Review Form 3

Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form. -	Yes. they are recent.	
Minor REVISION comments  Is the language/English quality of the article suitable for scholarly communications?	-	
Optional/General comments	- This manuscript is not very well written and has many scientific flaw therefore not suitable for publication in Cardiology and Angiology	

### **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:	Kalyan Mansukhbhai Shekhda
Department, University & Country	Royal Free Hospital NHS Foundation Trust, United Kingdom