

Review Form 3

Journal Name:	Asian Journal of Cardiology Research
Manuscript Number:	Ms_AJCR_129494
Title of the Manuscript:	Right sided endocarditis and right heart failure in a child with ventricular septal defect –A case report
Type of the Article	Case report

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This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guidelines for the Peer Review process, reviewers are requested to visit this link:

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PART 1: 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>
Please write a few sentences regarding the importance of this manuscript for the scientific community. A minimum of 3-4 sentences may be required for this part.	<ol style="list-style-type: none"> 1.The work stimulates attention on recurrent endocarditis as a complication that worsens the prognosis of congenital DVS. 2.The case is emblematic for the discussion of treatment in cases of recurrent endocarditis in children with DVS who for various reasons do not reach surgical repair treatment. 3.The intervention of experts would be useful to direct treatment in these cases in which the lack of surgical repair treatment can prevent the recurrence of destructive infectious events. 	
Is the title of the article suitable? (If not please suggest an alternative title)	The title of the manuscript is not suitable, because it does not mention the episodes of recurrent staphylococcal endocarditis in a child with congenital heart disease.	
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 title of the manuscript "Right sided endocarditis and right heart failure in a child with ventricular septal defect" is actually not fully exhaustive, since it concerns a patient who manifested repeated episodes of staphylococcal endocarditis occurring in a child with congenital heart disease. In the title, abstract, introduction and discussion, the importance of repeated episodes of staphylococcal endocarditis, favored by congenital heart disease, should be stressed.	
Is the manuscript scientifically, correct? Please write here.	Yes, the manuscript is scientifically correct.	
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.	

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<p>Is the language/English quality of the article suitable for scholarly communications?</p>	<p>The language/English quality of the article is suitable for scholarly communications.</p>	
<p>Optional/General comments</p>	<p>History -According to the International Society for Nomenclature of <u>Paediatric</u> and <u>Congenital Heart Disease</u>, VSDs can be classified in 4 types depending on the defect position and borders from the <u>right ventricle</u> perspective. Authors, please specify the type of VSD the child presented, the location, size, and number, as well as the relationship with adjacent structures (e.g. tricuspid valve, aortic valve, pulmonary valve) and any other associated defects and the suitability for transcatheter closure. In addition, please, discute whether there is a different risk of respiratory and endocardial infections associated with each of VSD these types in children.</p> <p>-What is the national incidence of congenital ventricular septal defects?</p> <p>-“However, at ages 7, 8, and 9 years, she experienced episodes of infective endocarditis with organisms Staphylococcal aureus, Streptococcus sinensis with resultant right heart failure, necessitating decongestive measures and antibiotic therapy at an outside hospital”.</p> <p>Was the surgical treatment recommended and stressed by the cardiologists who followed the child? Did the child receive proper dental hygiene, as recommended in these cases by the guidelines? Did the child receive antibiotic prophylaxis in case of dental procedures considered at risk, considering both that unrepaired congenital heart disease carries the highest risk of developing infective endocarditis and the recurrence of endocarditis? Furthermore, has skin, nose and urinary tract hygiene been explained to parents and implemented, as recommended in these cases by the guidelines? In view of the repeated episodes of infective endocarditis, would it have been appropriate to consider a long-term secondary prophylaxis, even if this topic is much discussed?</p> <p>-“Cardiac computed tomography revealed mild pulmonary venous congestion without evidence of tricuspid, pulmonary or branch pulmonary artery vegetations, consolidation or collapse”. However, do you think a cardiac Pet scan study would have been more precise about AV / TV involvement? -What type of antibiotic therapy and related psychology were adopted?</p> <p>Investigation: -“Laboratory investigations including hemogram, liver function tests, renal function tests, and urine analysis returned within normal limits”.</p> <p>What does "returned within normal limits" mean? The Authors imply that the hemato-biochemical parameters were altered at the time of the child's admission to the hospital. The Authors should clarify this sentence and include the results of the laboratory tests obtained at the time of admission in a table with the limits of the normal reference range.</p> <p>-“Primary and secondary immunodeficiency work-up, as well as viral markers, were negative”. Authors should specify which tests for "Primary and secondary immunodeficiency" were performed, in particular immunoglobulin titers and IgG subclasses, as well as lymphocyte typing.</p> <p>Discussion -The importance of repeated episodes of staphylococcal endocarditis, favored by congenital heart disease, should be stressed. -Unfortunately, the fundamental problem attributable to this report was the lack of surgical reparative treatment, after repeated episodes of infective endocarditis; certainly an early diagnosis is important, however if the congenital defect cannot be resolved with a certain urgency, after recurrent endocarditis, the only alternative could be, in these very selected cases, the adoption of a long-term antibiotic treatment as secondary prophylaxis, and the adoption of strict surveillance measures on the hygiene. -It would be interesting to conduct a research on the cases of recurrent endocarditis in pediatric patients with VDS not subjected to surgical treatment, the microbial etiology and the related mortality risk. The results of the search through PUB MED/MEDLINE, could be summarized in a table. and the adoption of strict surveillance measures on the hygiene of the child.</p> <p>No plagiarism is suspected in this manuscript There aren't ethical issues in this manuscript.</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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