

## Review Form 1.6

Journal Name:	<a href="#">Journal of Pharmaceutical Research International</a>
Manuscript Number:	Ms_JPRI_77512
Title of the Manuscript:	CASE REPORT ON: COMPLETE HEART BLOCK
Type of the Article	Case study

### **General guideline for Peer Review process:**

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 guideline for Peer Review process, reviewers are requested to visit this link:

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**PART 1: Review Comments**

	<b>Reviewer's comment</b>	<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)
<b>Compulsory</b> REVISION comments	<p><b>Abstract: two clarifications</b>→ ever, since in 4 months</p> <p><b>Introduction:</b> in the a greater atrial rate than the ventricular?            Class I sign for all CHB symptom clients, whether congenital or obtain,?            Some portions of congenital complete heart block patients are the nonetheless asymptotic?            A healing dilemma make an appearance in the absence of criteria for obtaining the maximum benefits from the therapy with preventive?            therapeutic approach.<sup>1</sup> → why reference is given here</p> <p>More than 80% of these patients live in developed countries and there is no care for most of them. – sentence looks contradictory</p> <p>There were 140,000 new cases in India (50,000 in India) and less than 20 percent received care in each country.</p> <p><b>Objective:</b></p> <p><b>Results:</b> ever chest pain, breathlessness, excessive palpitation, vertigo, and perfused sweating since in 4 months</p> <p>After admitted in the cardiac ward. all investigations done like X-ray, ECG, 2 Day echo, CBC, Lipid profile, coronary angiography, PT or PT-INR Test, and permanent pacemaker done then implantation procedure was done on 27/11/2019.</p> <p><b>(reframe the sentence)</b></p> <p><b>Patient information:</b> The patient was having a history of hypertension for 3 years. He is a known case of hypertension so, patient take <b>Tablet-</b> Amlodipine He came with a complaint of chest pain in the hospital in 2009, so that time his EGC was normal. (reframe the sentence)</p> <p><b>Causes:</b> ordinary cardiac production (CO) control mechanisms, co depend on preload,? Major cause are coronary artery, hypertension, rheumatic heart disease, congenital heart disease, cardiomyopathy, anaemia, bacterial endocarditis, valvular disorders, acute myocardial infarction, dysrhythmias, pulmonary embolic, thyrotoxicosis, hypertension crisis, ventricular septal defect and myocarditis.<sup>3</sup></p> <p>Fainting (syncope), Dizziness, Light-headedness, Chest pain, Shortness of breath, Dyspnea</p> <p><b>Diagnosis Evaluation</b></p> <p>3 gallop present abnormal heart rate, rhythm and volume).?</p> <p><b>Ultrasound scan-</b> Abnormal scan present. (what abnormality)</p> <p><b>Electrocardiography (ECG)-</b> Abnormal rate rhythm. (what abnormality)</p> <p><b>Echo cardiogram-</b> Abnormal EF%(what abnormality)</p> <p><b>Chest X-ray-</b> The presence of a permanent pacemaker in the right intra clavicular region-changes other than the presence of pacemaker?</p>	

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**Coronary angiography-** This is a kind of x-ray that reveals coronary arteries using a dye. It will indicate whether the heart is narrowed or blocked .- clarity?

**Tilt table test-** Involves the patient lying on a table that is then tilted with the patient's heart rate rhythm and at various points blood pressure is taken. clarity?

**Cardiac stress test-** This is when the patient has an ECG while the patient is working under pressure to show that the heart is working. clarity?

**PT or PT-INR- Done (2.0 to 3.0) -?**

**Holter and Event Monitors-** Abnormal heart rhythm?

- Injection- Anticoagulants<sup>5</sup>-Ref?
- **antibiotics – how many days**
- Healthy overall diet and heavy weight loss.-?
- Moderate consumption of alcohol.???
- Prevention of salt and highsalt foods, particularly for patients with hard congestive failure.???
- Exercises regular moderate.<sup>4</sup> Ref?

It is usually recommended that you eat low sodium (paste 2-3 g / day) and avoid exaggerated amounts of liquid. This suggestion decreases fluid reservation and the symptom of peripheral and pulmonary swelling, though it has not shown to affect mortality rates. The aim of sodium limitation is to reduce the volume that circulates, which decreases the heart's pumping capacity for this amount. The patient's ability to change his diet and the number of medications prescribed must be balanced. Any changes in diet must be made with regard to good nutrition and liking, dislikes and cultural patterns of the patient.<sup>5</sup>

evaluate the beneficial and harmful effects of the medicine on the patient

- Able to detect a rise or a decrease in pulmonary crackles at least regularly.
- JVD degree determination.
- Determination and assessment of dependent edema severity.
- Evaluation and evaluation of fluid overload symptoms ( e.g. orthopedic, nocturnal paroxysmal dyspnoea and tension dyspnea)<sup>5</sup>

. Since hypocalcemia???, greatly weakens the heart contraction, HF brings new complications to the patient

1. Impaired cardiac tissue perfusion related to heart failure.
2. Intolerance (or risk to intolerance of activity) of activity related to decrease in CO between the supply of oxygen and demand.
3. Anxiety related to dyspnoea, breathlessness.
4. Impotence related to incapacity for chronic illness and hospitalization to play roles
5. Lack of knowledge related to daises process.<sup>5</sup>

**Continuing care** impaired physics???

Assistance can also be given in the preparation and management of appointments. The

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	<p>patient is advised to step up self-care and the duty to execute the therapy.<sup>5</sup>                  Keeps vital signs within target range (pulse, blood, breathing rate and pulse oximetry).                  Peripheral and sacred edema decreased in exhibits                  Demonstrates methods in preventing edema  <b>Discussion:</b> for formatter sites,??                  71 year male patient tolerate all the medication and well response-reframe  <b>Conclusion:</b> perfused sweating since in 4 months?  <b>Aim of the study and the conclusion are vague</b>  <b>References: few require format change and completion of information</b></p>	
<b>Minor</b> REVISION comments	<p>Aim is not clear                  Language is not good                  Lot of editing is needed                  Lot of technical and grammatical issues</p>	
<b>Optional/General</b> comments	<p>Major revision is required</p>	

**PART 2:**

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

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