



PEER-REVIEW REPORT

Name of journal: *World Journal of Experimental Medicine*

Manuscript NO: 94845

Title: Impact of primary percutaneous coronary intervention on ST-segment elevation myocardial infarction patients: A comprehensive analysis.

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 08052701

Position: Peer Reviewer

Academic degree: MD

Professional title: Research Assistant

Reviewer’s Country/Territory: China

Author’s Country/Territory: United States

Manuscript submission date: 2024-03-26

Reviewer chosen by: Jia-Ru Fan

Reviewer accepted review: 2024-08-17 03:34

Reviewer performed review: 2024-08-17 07:41

Review time: 4 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This letter comment on the article by Dr. Eza Nawzad Saeed and Dr. Abdulsatar Kamil Faeq, titled "Impact of Primary Percutaneous Coronary Intervention on ST-segment Elevation Myocardial Infarction Patients: A Comprehensive Analysis," published in the World Journal of Experimental Medicine, Volume 14, Issue 1, 2024. The author analyzed the contribution of the original literature: This comprehensive analysis by Eza Nawzad Saeed and Abdulsatar Kamil Faeq investigates the impact of primary percutaneous coronary intervention (PPCI) on mortality among patients with ST-segment elevation myocardial infarction (STEMI) at the Erbil Cardiac Center. Analyzing data from 96 consecutive STEMI patients, the study identified significant predictors of in-hospital mortality, emphasizing the critical influence of timely hospital arrival post-symptom onset on patient prognosis. Findings indicate that factors such as atypical presentation, cardiogenic shock, chronic kidney disease, and specific coronary complications are associated with higher mortality rates. The study underscores the necessity of prompt medical intervention for improving survival outcomes in STEMI patients, thereby highlighting the crucial role of quick response in the treatment of this high-risk patient



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group. This research contributes valuable insights into optimizing STEMI management and enhancing patient survival rates through effective and timely PPCI. survival rates through effective and timely PPCI. Notably, the authors raised a point regarding the consideration of newer strategies and technologies in the PPCI process. While the study provides significant insights into the predictors of in-hospital mortality and the importance of early hospital arrival, there's an opportunity to delve into the potential benefits of recent advancements in interventional cardiology. The evolution of drug-eluting stents, the growing evidence supporting radial access over femoral, and the impact of mechanical circulatory support devices are areas that could further enhance our understanding of optimizing care for STEMI patients. It is a good analysis and comment. If the author can discuss on the shortcomings of the original literature, this letter would be more interesting.



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Peer-review model: Single blind

Reviewer's code: 03764245

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Professional title: Professor

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Author's Country/Territory: United States

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Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Thank you for the opportunity to review the manuscript titled "Impact of Primary Percutaneous Coronary Intervention on ST-segment Elevation Myocardial Infarction Patients: A Comprehensive Analysis" by Dr. Eza Nawzad Saeed and Dr. Abdulsatar Kamil Faeq. This study is a significant addition to the field of cardiology, offering a detailed and insightful analysis of mortality predictors among STEMI patients undergoing PPCI. The manuscript is well-structured and effectively underscores the crucial role of timely intervention, particularly emphasizing the impact of the time from symptom onset to hospital arrival on patient outcomes. This focus is highly relevant and aligns well with established clinical guidelines that advocate for rapid treatment to improve survival rates in STEMI patients. To further enhance the manuscript, I suggest incorporating recent advancements in interventional cardiology, such as the use of drug-eluting stents, the growing preference for radial access, and the implementation of mechanical circulatory support devices. Discussing how these innovations could influence the study's findings on mortality predictors would provide a more contemporary and comprehensive perspective. Additionally, a deeper exploration of



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complex cases, including atypical presentations and comorbidities such as chronic kidney disease and cardiogenic shock, would add valuable insights for clinicians managing challenging STEMI cases. Expanding on these areas would enrich the manuscript and offer practical guidance for a broader range of clinical scenarios. In summary, I recommend accepting the manuscript with minor revisions. These suggested enhancements will not only strengthen the study's contributions but also ensure that it serves as an even more valuable resource for both clinicians and researchers dedicated to improving outcomes in acute cardiac care. Additionally, a deeper exploration of complex cases, including atypical presentations and comorbidities such as chronic kidney disease and cardiogenic shock, would add valuable insights for clinicians managing challenging STEMI cases. Expanding on these areas would enrich the manuscript and offer practical guidance for a broader range of clinical scenarios. In summary, I recommend accepting the manuscript with minor revisions. These suggested enhancements will not only strengthen the study's contributions but also ensure that it serves as an even more valuable resource for both clinicians and researchers dedicated to improving outcomes in acute cardiac care.