Round-1

Response Letter

Dear Editors and Reviewer,

Thank you very much for your letter and advice. We have revised the manuscript (Manuscript NO.: 59625, Case Report), and would like to re-submit it for your consideration. Point-by-point responses to the reviewer and editors' comments are listed below this letter. We have also submitted all required accompanying documents.

We thank editors and reviewer for their constructive criticisms that have helped us to improve the manuscript. We hope that the revisions in the manuscript and our accompanying responses will be sufficient to make our manuscript suitable for publication in World Journal of Clinical Cases.

Thank you for your consideration and please feel free to contact us if we can improve our manuscript in any way.

With best wishes,

Yours sincerely,

Corresponding author: Yi-Wei Cao
MD, PhD, Doctor
807422365@qq.com

Responds to reviewer's comments

We would like to express our sincere thanks to you for the constructive and positive comments. Please feel free to contact us if we can improve our manuscript in any way.

Replies to **3 SCIENTIFIC QUALITY**

Please resolve all issues in the manuscript based on the peer review report and make a point-by-point response to the issues raised in the peer review report. Authors must resolve all issues in the manuscript that are raised in the peer-review report(s) and make point-by-point responses to the issues raised in the peer-review report(s), which are listed below:

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: The authors described a case with acute thrombotic total occlusion of the non-dominant RCA presented with ST elevation in V2-V3 in 12-lead ECG. The chest pain symptoms and ST segment elevation resolved after reperfusion therapy. This case is interesting and worth of publishing to share with cardiology readers. Acute occlusion of non-dominant RCA causing anterior ST elevation in ECG has been reported in literature (Vural M et al, DOI: 10.5152/akd.2010.099; Karim MA et al PMID: 7553836; Carroll R et al [DOI: 10.1177/000331970305400116...). I suggest the authors to perform a thorough literature search and quote relevant reference. The authors have emphasized that importance of using ECG to assess culprit lesion in STEMI and concerned about delay in revascularization therapy. However, the case waited for a few hours in the hospital before going for cardiac catheterization despite there were concern of anterior STEMI on ECG. This is not standard of care in the era of primary PCI for STEMI. The authors

will need to explain why there was a wait instead of aiming for door to balloon time (<60 minutes) or first medical contact to first device activation time < 90 minutes as standard of care. STEMI is clinical diagnosis, reperfusion therapy does not wait for cardiac enzyme to be positive. Determination of culprit vessel by ECG is often not accurate. There are many issues could affect the ECG appearance in ACS, including STEMI. Even with the ideal setting by choosing the right diagnostic and guiding catheters in emergent catheterization and PCI, it would only affect the matter of a few minutes for changing catheters. Therefore, over-emphasizing the important of identifying potential culprit lesion by ECG before PCI is not warranted. The authors could discuss more about the rationale of primary PCI for acute occlusion of non-culprit RCA. This patient has on-going chest pain, and STE, with occlusion RCA, it was reasonable to revascularize. Plus, without revascularization, it was not known that the RCA was small and non-dominant. Typo: page 3, line 9 from the bottom: "whic".

(1) The authors described a case with acute thrombotic total occlusion of the non-dominant RCA presented with ST elevation in V2-V3 in 12-lead ECG. The chest pain symptoms and ST segment elevation resolved after reperfusion therapy. This case is interesting and worth of publishing to share with cardiology readers.

Answer: We would like to express our sincere thanks for your positive comments. Please feel free to contact us if we can improve our manuscript in any way.

(2) Acute occlusion of non-dominant RCA causing anterior ST elevation in ECG has been reported in literature (Vural M et al, DOI: 10.5152/akd.2010.099; Karim MA et al PMID: 7553836; Carroll R et al [DOI: 10.1177/000331970305400116...). I suggest the authors to perform a thorough

literature search and quote relevant reference.

Answer: Thank you very much for your advice. We perform a relatively thorough literature search again. We summarized relevant knowledge in the text (DISCUSSION, paragraph 3 and 4), and quote some relevant references. Although we have tried our best to perform a thorough literature search, we hope that we have answered and clarified the comment to your full satisfaction and look forward to your further reply. Please feel free to contact us if we can improve our manuscript in any way.

(3) The authors have emphasized that importance of using ECG to assess culprit lesion in STEMI and concerned about delay in revascularization therapy. However, the case waited for a few hours in the hospital before going for cardiac catheterization despite there were concern of anterior STEMI on ECG. This is not standard of care in the era of primary PCI for STEMI. The authors will need to explain why there was a wait instead of aiming for door to balloon time (<60 minutes) or first medical contact to first device activation time < 90 minutes as standard of care. STEMI is clinical diagnosis, reperfusion therapy does not wait for cardiac enzyme to be positive.

Answer: Thank you very much for your advice. The patient had substernal chest pain four hours before admission, and she was free of symptoms on admission. The myocardial injury markers including troponin T, troponin I, myoglobin and creatine kinase MB were negative. No previous ECG was available for comparison. And the patient was a 96-year-old woman. The family members of the patient asked for drug treatment first, and requested that if the patient progressed to severe recurrent chest pain and myocardial injury markers become positive, reperfusion therapy can be performed. Approximately two hours after admission, the patient progressed to severe

recurrent chest pain again and underwent emergent PCI. We agree with you that STEMI is clinical diagnosis, reperfusion therapy does not wait for cardiac enzyme to be positive. We summarized these points in the text (DISCUSSION, paragraph 3).

We hope that we have answered and clarified the comment to your full satisfaction and look forward to your further reply. Please feel free to contact us if we can improve our manuscript in any way.

(4) Determination of culprit vessel by ECG is often not accurate. There are many issues could affect the ECG appearance in ACS, including STEMI. Even with the ideal setting by choosing the right diagnostic and guiding catheters in emergent catheterization and PCI, it would only affect the matter of a few minutes for changing catheters. Therefore, over-emphasizing the important of identifying potential culprit lesion by ECG before PCI is not warranted.

Answer: Thank you for your constructive comments. We summarized this point in the text (DISCUSSION, paragraph 4).

We hope that we have answered and clarified the comment to your full satisfaction and look forward to your further reply. Please feel free to contact us if we can improve our manuscript in any way.

(5) The authors could discuss more about the rationale of primary PCI for acute occlusion of non-culprit RCA. This patient has on-going chest pain, and STE, with occlusion RCA, it was reasonable to revascularize. Plus, without revascularization, it was not known that the RCA was small and non-dominant.

Answer: Thank you very much for your advice. We discussed and summarized this point in the text (DISCUSSION, paragraph 3).

We hope that we have answered and clarified the comment to your full

satisfaction and look forward to your further reply. Please feel free to contact us if we can improve our manuscript in any way.

(6) Typo: page 3, line 9 from the bottom: "whic".

Answer: We would like to express our sincere thanks for your careful review. We have amended the spelling in the text.

This manuscript has once again been edited for proper English language, grammar, punctuation, spelling, and overall style by the highly qualified native English speaking editors at American Journal Experts (AJE). Language editing certificate has been uploaded as an attachment (59625-Non-Native Speakers of English Editing Certificate).

We hope that the English editing can reach your full satisfaction and look forward to your further reply. Please feel free to contact us if we can improve our manuscript in any way.

Responds to editors

We would like to express our sincere thanks to the editors for the constructive comments. Please feel free to contact us if we can improve our manuscript in any way.

Replies to **1 MANUSCRIPT REVISION DEADLINE**

We request that you submit your revision in no more than 14 days.

Answer: We have submitted our revision in no more than 14 days after receiving mail.

Replies to **2 PLEASE SELECT REVISE THIS MANUSCRIPT OR NOT**

Please login to the F6Publishing system at https://www.f6publishing.com by

entering your registered E-mail and password. After clicking on the "Author Login" button, please click on the "Manuscripts Needing Revision" under the "Revisions" heading to find your manuscript that needs revision. Clicking on the "Handle" button allows you to choose to revise this manuscript or not. If you choose not to revise your manuscript, please click on the "Decline" button, and the manuscript will be WITHDRAWN.

Answer: We choose to revise our manuscript. We hope that the revised version of the manuscript is now acceptable for publication in the journal.

Replies to **4 LANGUAGE QUALITY**

Please resolve all language issues in the manuscript based on the peer review report. Please be sure to have a native-English speaker edit the manuscript for grammar, sentence structure, word usage, spelling, capitalization, punctuation, format, and general readability, so that the manuscript's language will meet our direct publishing needs.

Answer: This manuscript has once again been edited for proper English language, grammar, punctuation, spelling, and overall style by a highly qualified native English speaking editor at American Journal Experts (AJE). Language editing certificate has been uploaded as an attachment (59625-Non-Native Speakers of English Editing Certificate).

Replies to **5 EDITORIAL OFFICE'S COMMENTS**

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) Science editor: 1 Scientific quality: The manuscript describes a case report of chest pain showing precordial ST-segment elevation in a 96-year-old

woman with right coronary artery occlusion. The topic is within the scope of the WJCC. (1) Classification: Grade C; (2) Summary of the Peer-Review Report: The authors described a case with acute thrombotic total occlusion of the non-dominant RCA presented with ST elevation in V2-V3 in 12-lead ECG. The chest pain symptoms and ST segment elevation resolved after reperfusion therapy; and (3) Format: There are 3 figures. A total of 22 references are cited, including 4 references published in the last 3 years. There are no self-citations. 2 Language evaluation: Classification: Grade B. A language editing certificate issued by AJE was provided. 3 Academic norms and rules: The authors provided the written informed consent and CARE Checklist–2016. Please provide the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement. No academic misconduct was found in the Cross Check detection and Bing search. 4 Supplementary comments: This is an unsolicited manuscript. The study was supported by the Natural Science Basic Research Program of Shaanxi Province. The topic has not previously been published in the WJCC. The corresponding author has published 2 articles in the BPG. 5 Issues raised: (1) I found the authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s). 6 Re-Review: Required. 7 Recommendation: Conditionally accepted.

Answer: The signed Conflict-of-Interest Disclosure Form has been uploaded as an attachment (59625-Conflict-of-Interest Disclosure Form).

The Copyright License Agreement has been uploaded as an attachment (59625-Copyright License Agreement).

Approved grant application form(s) or funding agency copy of any approval document(s) has been uploaded as an attachment (59625-Approved Grant

Application Form(s) or Funding Agency Copy of any Approval Document(s)).

(2) Editorial office director: I have checked the comments written by the science editor.

Answer: Thank you very much.

(3) Company editor-in-chief: I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

Answer: Thank you very much.

Replies to **6 STEPS FOR SUBMITTING REVISED MANUSCRIPT**

Step 1: Author Information

Please click and download the Format for authorship, institution, and corresponding author guidelines, and further check if the authors names and institutions meet the requirements of the journal.

Answer: We have checked that the authors names and institutions met the requirements of the journal.

Step 2: Manuscript Information

Please check if the manuscript information is correct.

Answer: We have checked that the manuscript information was correct.

Step 3: Abstract, Main Text, and Acknowledgements

(a) Guidelines for revising the content: Please download the guidelines for Original articles; Review articles; and Case report articles for your specific manuscript type (Case Report) at: https://www.wjgnet.com/bpg/GerInfo/291. Please further revise your manuscript according to the guidelines for revising the content.

Answer: We have further revised our manuscript according to the guidelines for revising the content.

(b) Format for Manuscript Revision: Please update the format of your manuscript according to the guidelines and requirements for manuscript revision and the format for manuscript revision. Please visit https://www.wjgnet.com/bpg/GerInfo/291 for the article type-specific guidelines and formatting examples.

Answer: We have updated the format of our manuscript according to the guidelines and requirements for manuscript revision and the format for manuscript revision.

(c) Requirements for article highlights: If your manuscript is an original study (basic study or clinical study), meta-analysis, or systemic review, the "Article Highlights" section should be provided. Detailed writing requirements for "Article Highlights" can be found in the Guidelines and Requirements for Manuscript Revision.

Answer: The "Core tip" has been provided in the text.

Step 4: References

Please revise the references according to the Format for references guidelines, and be sure to edit the reference using the reference auto-analyser.

Answer: We have revised the references according to the Format for references guidelines, and be sure to edit the reference using the reference auto-analyser.

Step 5: Footnotes and Figure Legends

(a) Requirements for figures: Please provide decomposable Figures (whose parts are all movable and editable), organize them into a single PowerPoint file, and submit as "59625-Figures.ppt" on the system. The figures should be uploaded to the file destination of "Image File".

Answer: We have provided decomposable Figures (whose parts are all movable and editable), organize them into a single PowerPoint file, and submit as "59625-Figures.ppt" on the system. The figures have been uploaded to the file destination of "Image File".

(b) Requirements for tables: Please provide decomposable Tables (whose parts are all movable and editable), organize them into a single Word file, and submit as "59625-Tables.docx" on the system. The tables should be uploaded to the file destination of "Table File".

Answer: There is no table in this article.

Step 6: Automatically Generate Full Text Files

Please download the "Full Text File" or click "Preview" to ensure all the contents of the manuscript automatically generated by the system are correct and meet the requirements of the journal.

Answer: We have downloaded the ”Full Text File” to ensure all the contents of the manuscript automatically generated by the system are correct and meet the requirements of the journal.

Step 7: Upload the Revision Files

For all required accompanying documents (listed below), you can begin the uploading process via the F6Publishing system. Then, please download all the uploaded documents to ensure all of them are correct.

Answer: We have submitted all required accompanying documents.

Round-2

The revised version is a much improved manuscript. A few minor points: a) I will recommend to delete the last sentence in the conclusion "Early recognition and appropriate treatment measures for this scenario may affect the outcome of the disease." This case is not sufficient to make this statement. b) Figure 2D is not a representative final angiographic result. Please present your final angiogram of the revascularized RCA, at least, the proximal segment of the RCA should be opacified, ideally without the wire c) if it is available, should a video of parasternal long axis or a four chamber view echo would help reader to understand the impact of non-dominant RCA on RV function/dilation etc

Answer: Dear Editor, We have revised the manuscript and point-by-point responses to the reviewer’s comments are listed below this letter. The new manuscript has been uploaded as an attachment (59625-Manuscript File) at the bottom of the Author's Reply. This manuscript has once again been edited for proper English language, grammar, punctuation, spelling, and overall style by a highly qualified native English speaking editor at American Journal

Experts (AJE). The certificate can be verified on the AJE website (https://secure.aje.com/en/certificate) using the verification code 0DE7-632C-81FC-8160-6721. a) We have deleted the last sentence in the conclusion "Early recognition and appropriate treatment measures for this scenario may affect the outcome of the disease." The new manuscript has been uploaded as an attachment (59625-Manuscript File) at the bottom of the Author's Reply. b) We have presented the final angiogram of the revascularized RCA without the wire (Figure 2D). The new manuscript has been uploaded as an attachment (59625-Manuscript File) at the bottom of the Author's Reply. c) We are very sorry that the video was not recorded in the echocardiography machine. However, we believe that this does not affect the main idea of this article, that is, precordial ST-segment elevation may be caused by occlusion of the nondominant RCA. Electrocardiograms with dynamic changes and angiographic images have been presented in detail in the manuscript. As the reviewer's comment, if it is available rather than must provide the video. We hope that we have answered and clarified the comment to your full satisfaction and look forward to your further reply.