

REVIEWER'S REPORT

Manuscript No.: IJAR-57656

Title: Deferred Stenting Strategy in Acute STEMI with High Thrombus Burden: Clinical and Angiographic Outcomes

Recommendation:

- Accept as it is
- ✓ Accept after minor revision.....**
- Accept after major revision
- Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality		✓		
Techn. Quality	✓			
Clarity		✓		
Significance	✓			

Reviewer Name: Dr S. K. Nath

Detailed Reviewer's Report

Strength of the study:

- The study addresses an important and clinically relevant issue in interventional cardiology
- Prospective design and detailed angiographic evaluation strengthen the scientific value of the work
- The manuscript clearly describes patient selection, treatment strategy, and follow up outcomes
- Tables and angiographic images improve clarity and understanding of the findings
- Short term clinical and echocardiographic outcomes were appropriately documented and discussed

Weakness of the study:

- The sample size is very small, limiting statistical strength and generalizability
- Single centre observational design lacks a control group for direct comparison
- Follow up duration is relatively short for assessing long term cardiovascular outcomes
- Minor grammatical and formatting inconsistencies are present in several sections
- Ethical approval statement is unclear and requires better clarification within the manuscript

Reviewers Comments:

The manuscript presents an interesting prospective observational study evaluating deferred stenting in STEMI patients with high thrombus burden. The topic is clinically important because management of thrombus-rich lesions during primary PCI remains challenging and associated with complications such as distal embolization and no-reflow. The study design, inclusion criteria, angiographic findings, and procedural details are clearly described. The authors demonstrated favorable angiographic outcomes with significant thrombus regression and improvement in left ventricular ejection fraction during short term follow up. Tables on pages 10 and 11 and the angiographic figures on pages 12 and 13 support the presentation effectively. The discussion is balanced and supported by relevant literature. However, the small sample size, observational nature, and absence of a comparison group significantly limit the strength of the conclusions. Ethical approval is stated as not applicable, but this should be clarified further because patient data and interventions were prospectively collected. Minor language and formatting corrections are also needed. Overall, the manuscript contributes useful preliminary clinical observations and may be suitable for publication after revision.