

REVIEWER'S REPORT

Manuscript No.: IJAR-59168

Title: Dual-Chamber Pacemaker Implantation Through a Persistent Left Superior Vena Cava With Absent Right Superior Vena Cava: The Alpha-Loop Technique.

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 Id: JPR-371

Reviewer's Comment for Publication.

This manuscript presents a clinically relevant and technically interesting case of dual-chamber permanent pacemaker implantation in a patient with persistent left superior vena cava (PLSVC) and absent right superior vena cava (RSVC). The manuscript clearly describes the anatomical challenge, bilateral venographic assessment, and successful use of an alpha-loop technique to facilitate right ventricular lead placement. The procedural details, including stylet manipulation and controlled lead prolapse, are useful for clinicians who may encounter similar venous anatomy. The reported satisfactory pacing parameters and 6-month follow-up further support the practical value of the described approach.

The manuscript is generally well organized, with an appropriate introduction, detailed case presentation, discussion, and conclusion. The discussion appropriately explains why the coronary sinus–tricuspid valve trajectory creates difficulty and places the technique in the context of previously described approaches.

Minor revisions are recommended before publication:

1. The manuscript should be carefully proofread for grammar, spacing, punctuation, and typographical errors. For example, the figure caption uses “Persistence Left Superior Vena Cava” rather than the standard terminology “Persistent Left Superior Vena Cava.”
2. The formatting of section headings, figure captions, keywords, and references should be standardized throughout the manuscript.
3. The authors should ensure that all figures are of adequate resolution and clearly labelled, particularly the venography images demonstrating the PLSVC and absence of the RSVC.
4. The discussion could be slightly streamlined to avoid repetition concerning the anatomical difficulty and the usefulness of the alpha-loop technique.
5. The references should be checked carefully for consistency in author names, punctuation, journal formatting, volume/issue information, and citation style.

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6. The authors may clarify, where appropriate, whether there were any procedural complications or difficulties other than the lead-positioning challenge and whether there were any limitations associated with the 6-month follow-up period.

Overall, the manuscript provides a useful practical description of a challenging pacemaker implantation scenario and demonstrates a reproducible technique using conventional equipment. Following the above minor editorial and presentation-related revisions, the manuscript would be suitable for publication.