

REVIEWER'S REPORT

Manuscript No.: IJAR-59189

Title: Late Diagnosis of a Post-Infarction Ventricular Septal Defect: An Unusual Presentation

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:

- Rare and clinically important cardiac complication
- Clear clinical history and timeline
- Echocardiographic findings are well described
- Transesophageal echocardiography adds useful anatomical detail
- Myocardial scintigraphy supports the diagnosis
- Surgical management is clearly reported
- Postoperative outcome is documented
- Relevant previous cases are discussed
- The main clinical message is clearly presented

Weakness of the study:

- Single case report limits generalisation
- Exact reason for the delayed diagnosis is uncertain
- Quantitative shunt assessment is not reported
- Hemodynamic assessment is limited
- Long term postoperative follow up is not provided
- Some clinical interpretations remain speculative
- Patient consent and ethical clearance are not reported
- Grammar and formatting require correction
- Some sentences are unnecessarily lengthy

Reviewers Comments:

The manuscript presents an unusual and clinically relevant case of a post infarction ventricular septal defect diagnosed nearly one year after myocardial infarction. The detailed echocardiographic findings, including the tortuous defect and associated pseudoaneurysm, are the main strengths of the report. The surgical treatment and immediate postoperative outcome are also clearly described. However, ethical clearance and written consent for publication are not reported and should be clearly documented. The authors should also provide more information regarding the hemodynamic significance of the defect, including any quantitative assessment of the shunt if available. The long term outcome after surgical repair would further strengthen the report. Some explanations regarding the mechanism of delayed presentation are speculative and should be expressed more cautiously. Grammar, spacing, sentence construction and overall writing quality require careful editing. Overall, this is an interesting case with a useful clinical message, but some important documentation and follow up details should be added before publication.

International Journal of Advanced Research

Publisher's Name: Jana Publication and Research LLP

www.journalijar.com

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Previously Published anywhere/Plagiarism check:

An exact title search did not identify the same publication. However, several closely related case reports of delayed post infarction ventricular septal defects and associated pseudoaneurysms have been published, including cases with similar imaging and surgical findings. The present case appears clinically distinct, but a formal similarity check is recommended before publication.