

REVIEWER'S REPORT

Manuscript No.: IJAR-59248

Title: From Biermer's Disease to STEMI: Hyperhomocysteinemia as a Thrombotic Bridge

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:

- Interesting and clinically relevant case
- Rare presentation in a young adult
- Clear clinical history and presentation
- Coronary angiography findings are well described
- Diagnosis of pernicious anaemia is supported
- Hyperhomocysteinaemia is appropriately discussed
- Treatment and hospital outcome are reported
- ECG and angiographic images support the case
- Limitations are clearly acknowledged

Weakness of the study:

- Long term follow up is not available
- Post treatment vitamin B12 and homocysteine levels are missing
- Complete thrombophilia evaluation is not reported
- Intravascular imaging was not performed
- Causal relationship cannot be established
- Some clinical laboratory details are missing
- The discussion could be more concise
- Grammar and sentence structure need minor editing
- Ethics and publication consent are not clearly stated

Reviewers Comments:

This is a clinically interesting case of STEMI with coronary thrombosis in a young adult in whom previously unrecognized pernicious anaemia and hyperhomocysteinaemia were identified. The clinical presentation, angiographic findings, diagnostic work up and treatment are clearly described, and the authors appropriately avoid claiming a definite causal relationship. The manuscript also provides useful discussion regarding vitamin B12 deficiency and homocysteine. However, ethical clearance or an institutional waiver is not reported and should be clearly stated. Written informed consent for publication of the case and clinical images should also be confirmed. The absence of post treatment vitamin B12 and homocysteine measurements, intravascular imaging and a complete evaluation of alternative thrombotic mechanisms limits the interpretation. Longer clinical and cardiovascular follow up would strengthen the report. Grammar, sentence construction, spacing and reference formatting require minor correction. Overall, this is a useful case report with a clear clinical message, but some details should be clarified before publication.

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Previously Published anywhere/Plagiarism check:

An exact title search did not identify the same case report. However, related published cases have described hyperhomocysteinaemia and thrombosis associated with pernicious anaemia, including reports of venous thrombosis. The present case appears clinically distinct because it involves coronary thrombosis and STEMI in a young adult. A formal similarity check is recommended before publication.