

REVIEWER'S REPORT

Manuscript No.: IJAR-59306

Title: Role of Ambulatory Holter Electrocardiographic Monitoring in Detecting Atrial Fibrillation in Patients with Ischemic Stroke

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:

- Relevant and clinically important topic
- Clear study objective
- Retrospective study design is appropriate
- Inclusion and exclusion criteria are described
- Holter findings are clearly classified
- Statistical methods are explained
- Results are presented with percentages and p values
- Important limitations are acknowledged
- Ethical handling of anonymized records is described

Weakness of the study:

- Very small sample of only 57 patients
- No sample size calculation is reported
- Holter duration varied from 24 to 72 hours
- Non sustained AF below 30 seconds needs clearer justification
- Primary outcome combines AF with atrial hyperexcitability
- Important clinical variables were not collected
- No multivariable analysis was possible
- Single centre design limits generalization
- Some conclusions are stronger than the data support

Reviewers Comments:

The study addresses an important clinical question and provides useful information on Holter monitoring after ischemic stroke. The methodology, statistical analysis and results are generally presented clearly. However, major clarification is required regarding the definition of atrial fibrillation, particularly the classification of episodes lasting less than 30 seconds as non sustained AF. The primary outcome also combines AF with atrial hyperexcitability, which makes the reported 47.4% atrial abnormality rate different from the actual AF detection rate. Holter monitoring duration varied from 24 to 72 hours and this may influence detection yield. The sample size is small and no calculation is reported. Important variables such as echocardiographic findings and standardized stroke classification were unavailable. Ethical clearance was not obtained according to the stated institutional policy, but the administrative authorization and anonymization should be clearly documented. Grammar and writing are generally acceptable but some sentences need editing. Overall, the study is clinically relevant but requires major methodological clarification.

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Previously Published anywhere/Plagiarism check:

An exact title search did not identify the same paper. However, closely related studies have already evaluated 24 hour Holter monitoring for AF detection after ischemic stroke, including a 2024 study of 140 patients. Similar literature on prolonged monitoring is also well established. A formal similarity check is recommended before publication.