



mochamad yusuf <yusuf_505@fk.unair.ac.id>

IMD22-0062 Decision Letter

2 messages

jamainternalmed@jamanetwork.org <jamainternalmed@jamanetwork.org>

Thu, Jan 13, 2022 at 2:07 AM

Reply-To: jamainternalmed@jamanetwork.org

To: yusuf_505@fk.unair.ac.id

January 12, 2022

Dr Mochamad Yusuf Alsagaff
Department of Cardiology and Vascular Medicine, Faculty of Medicine, Universitas Airlangga – Dr. Soetomo General Hospital
Mayjen Prof. Dr. Moestopo Street No.47
Surabaya, East Java 60132
Indonesia

RE: Concurrent pericarditis and myocardial infarction a diagnosis dilemma: a case report

Dear Dr Alsagaff:

We have completed our review of your manuscript. We believe your manuscript may be of interest to the readers of JAMA Internal Medicine. However our reviewers have made several suggestions, which would require revision of your manuscript.

If you are willing to revise your manuscript in accordance with these suggestions and the comments of the editors, then we will be pleased to reconsider your revised manuscript. Please let us know within 3 days if you plan to submit a revised manuscript.

The revised version of your manuscript must adhere to the restrictions and guidelines for the article category, including word count for the text, number of references, and number of figures and tables. Please review our Instructions for Authors, available at <https://jamanetwork.com/journals/jamainternalmedicine/pages/instructions-for-authors>

Your revised manuscript should be submitted within 2-3 weeks, together with a cover letter addressing the reviewers' comments and the changes you have made. Please provide complete names, affiliations, academic degrees, roles/contributions, and indication if compensation was received for all persons named in the acknowledgment.

In your response letter, please list each reviewer's point and your response, and copy the modified text and reference page numbers, paragraphs, and line numbers. Please upload a clean copy of your revised manuscript (Article File #1). Please upload a copy of your manuscript with tracked changes as a supplemental file.

Each author will be sent an email with instructions for submitting the Authorship Forms, with information about authorship responsibility, funding and conflicts of interests, and a publishing agreement.

Please identify a relatively small image we can use to promote your article on JAMA Internal Medicine's website and via social media if it is published. A promotional image can come from the manuscript itself if it conveys key study data (eg, a survival curve) or is otherwise clinically or visually appealing. Please either nominate such an image from the manuscript (and provide a Figure number and description) or submit one for which you have the rights to publish and that does not include an identifiable patient. Upload it as a separate file with your revision. Choose the Promotional Image file type on the submission screen.

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Please realize that submission of a revised manuscript does NOT guarantee acceptance, but only indicates we are interested in giving your paper additional consideration. The decision about publication will be based on the quality of the revision, possible additional peer review, our editorial priorities at the time, and evaluation of the merits of your manuscript compared with those of the many others we receive.

To log in to our online submission system and submit the revised manuscript, click on the link below. You will be required to enter your password. If you are unable to locate your password please click the "Unknown/Forgotten password" link.

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Thank you for your interest in JAMA Internal Medicine and the opportunity to consider your work.

Sincerely,

Nora zGoldschlager
Reviewing Editor
JAMA Internal Medicine

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Editor's Comments:

1. Please make sure that you do not exceed the 1000 word count.
2. If you resubmit, please ensure that the grammar is correct throughout, and that all sentences are complete.
3. Introduction- what is VAS 3/10? Needs definition or omission.
4. Specify the vital signs in the ED and the morphology of the venous waves, if known.
5. Case presentation and ECG interpretation- Why do you use 'paroxysmal' here and elsewhere to describe the AV block? There is no evidence for this.
6. Supply the total AVB ECG if available, if word count allows.
7. If ruptured plaque was not present, state it.
8. Which obstruction was recanalized?
9. Is this really POST MI pericarditis? This pericarditis is ASSOCIATED with the MI, occurring contemporaneously.
10. would add 'segment' to PR as being depressed.
11. Line 67 - what similarity is being referred to here?
12. Line 70 - WHY fatal (indicate in a phrase).
13. Explain why cough is a sign of - 'have been. Tied to be' is better than 'were' when citing the literature.
14. Line 83 - explain why you use 'ischemic pain' here.
15. Line 86 - you have not provided evidence of ACUTE coronary occlusion, just high grade STENOSIS.
- 16, line 93 - this is the 'knuckle sign' , would consider stating this.
17. Line 93 - provide a citation for this statement re specificity.
18. Line 103 - what is 'it' referring to?
19. Line 119 - what is meant by 'decreasing'?
20. Line 121 - you have not definite PERMyocarditis.

mochamad yusuf <yusuf_505@fk.unair.ac.id>
To: evan.lusida@gmail.com

Thu, Jan 13, 2022 at 7:09 AM

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