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BMJ Case Reports - Decision on Manuscript ID bcr-2020-241245

2 messages

BMJ Case Reports <onbehalf@manuscriptcentral.com>
Reply-To: bmjcases@bmjgroup.com
To: yusuf_505@fk.unair.ac.id

Tue, Feb 16, 2021 at 1:47 PM

COVID-19: A message from BMJ: <https://authors.bmj.com/policies/covid-19>

bcr-2020-241245 - "Simultaneous Kissing Stents in Acute Left Main Total Occlusion Complicated with Cardiogenic Shock"

Dear Dr Alsagaff,

Many thanks for submitting your manuscript to BMJ Case Reports. Unfortunately, we are unable to accept the article in its current state as the reviewer had some major concerns, but we will consider re-reviewing a revised version taking into account the critical comments of the reviewer. Please note that we permit a maximum of three revisions. Thereafter, all submissions are rejected without appeal. This is based on the consideration that after three revisions, new reviewers must be found and they invariably have further comments that authors found difficult to accommodate.

Please note that your revision may be subject to further review and that this initial decision does not guarantee acceptance.

To submit your revised article please click this link: *** PLEASE NOTE: This is a two-step process. After clicking on the link, you will be directed to a webpage to confirm. ***

https://mc.manuscriptcentral.com/bmjcasereports?URL_MASK=2f83a4b0163340fa8ef56db86cfe9733. Alternatively, you can log on to your Author Dashboard in ScholarOne and under "Action" click "create a revision".

Please read and respond to all of the peer review comments. You should provide a point-by-point response to explain any changes you have (or have not) made to the original article and be as specific as possible in your responses.

The original files will be available to you when you start your revision. Please delete any files that you intend to replace with updated versions and upload the following using the appropriate file designation:

- "Main Document" - This is a clean copy (without tracked or highlighted changes) of your Full Case/Images In/Global Health template. Please delete your original submission file.
- "Main Document - marked copy" - This is the edited version of your original article, including edits to address the peer review comments. Any changes have been highlighted using a track change function or bold or coloured text. Please replace any other files that have been updated e.g. Images, forms.

Information relating to your article, including author names and affiliations, title, abstract and required statements (e.g. competing interests, contributorship, funding) will be taken directly from the information held in ScholarOne, and not from the article file. Please check that this information has been entered correctly and has been updated as appropriate. If your revised article is accepted, you will only be able to make minor changes (e.g. correction of typesetting errors and proof stage) prior to publication.

Please submit your revised article by 18-Mar-2021. If we have not received it by this date, the opportunity to submit a revision will expire and your article may be treated as a new submission. If you need to request an extension, please contact the Editorial Office as soon as possible.

Thank you for submitting your article to BMJ Case Reports; we look forward to receiving your revision.

If you have any queries, please contact the Editorial Office at bmjcases@bmj.com.

Kind regards,

Miss Seema Biswas
Editor in Chief, BMJ Case Reports

Reviewer(s)' Comments to Author (if any):

Reviewer: 1

Comments to the Author
NA

Reviewer: 2

Comments to the Author

- The need for immediate angiogram in patients with very high-risk ACS
- How left main thrombosis is associated with poor immediate outcomes and how difficult it is to manage in the acute setting
- The bailout strategies used, such as eptifibatid and SKS

Still, I find two major issues to be corrected in the manuscript. In the first place (and most relevant), SKS is a bailout strategy with adequate acute outcomes (patients are about to perish unless you open the vessel) but with potential long term complications. The authors briefly state that this strategy is against the European bifurcation club recommendations, but the overall message is that it is a promising strategy. Given the educative nature of this Journal, I don't find that adequate. I believe that the strategy was adequate for this single patient, given the circumstances, but the authors should not urge others to proceed systematically in the same way. I would recommend the authors to explain why this strategy is considered inadequate in an elective patient setting (double barrel left main is prone to late stent thrombosis, and it provides incomplete plaque coverage in the left main in most patients). Furthermore, I would include a brief explanation of alternative strategies for the particular case, such as stenting from the left main to the LAD followed by medical stabilization (as the European Bifurcation Club would probably recommend as a default strategy in this context), as well as the possibility of doing the bifurcation stenting in two separate procedures (which is difficult but not impossible after SKS – you could verify the wire position from the left main to the LAD with IVUS, followed by POT of the LAD stent / crush of the LCx stent, followed by rewiring, kissing balloon and final POT – although this last discussion is a bit too technical for this Journals' audience). The other issue is Language. Verbal tenses are discordant throughout the Abstract (“He had a history of dyslipidemia” instead of “He has a history of dyslipidemia.”, “Investigations revealed” instead of “Investigations had revealed”). Other phrases in the Abstract are odd (“He was diagnosed as” should be replaced with “He was diagnosed with a”, “total occlusion at left main coronary artery with true bifurcation lesion” should be replaced with “total occlusion of the left main coronary artery with a true bifurcation lesion”, “Two stents strategy needs to treat true bifurcation lesion” should be replaced with “Two stents strategy is frequently needed in order to treat true bifurcation lesion”). I would urge the authors to revise the whole manuscript with a proficient English speaker.

 **Author Due Date BMJ Case Reports.ics**
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Tue, Feb 16, 2021 at 2:14 PM

To: Dwi Fachrul <dwifachrul88@gmail.com>, Novi SpJP <novia.kusumawardhani-2016@fk.unair.ac.id>

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Begin forwarded message:

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