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Oxford Medical Case Reports - Decision on Manuscript ID OMCR-2021-310

2 messages

Oxford Medical Case Reports <onbehalfof@manuscriptcentral.com> Reply-To: omcr.editorialoffice@oup.com
To: yusuf_505@fk.unair.ac.id

Fri, Sep 24, 2021 at 6:36 AM

23-Sep-2021

Dear Dr. Alsagaff,

Thank you for submitting manuscript OMCR-2021-310 entitled "NSTEMI with Total Left Circumflex Occlusion: How the N-Wave might Helps (Case Report)" to Oxford Medical Case Reports. The manuscript has now been reviewed. Unfortunately your manuscript can not be published in its present form. The editorial team would be willing to consider a revised manuscript in response to the reviewer(s) comments. The reviewer(s) comments are included below.

Please ensure your revised manuscript conforms to our journal guidelines regarding length, format, and number of references. This information can be found in our Instructions to Authors: https://academic.oup.com/omcr/ pages/Manuscript_Instructions. Please note that manuscripts that do not conform to our guidelines may be unsubmitted and amendments requested.

When submitting your revised manuscript, you will be able to respond to the comments made by the reviewer(s) in the space provided. You can use this space to document any changes you made to the original manuscript. Please provide a rebuttal letter (either in the space provided or as a supplementary attachment) with a detailed response to each of the points raised by the reviewer(s) and how the manuscript has been modified in response to the comments. In addition, please highlight the changes in the revised manuscript, use colour or bold font, or "Track Changes" to show the modifications.

To revise your manuscript, log into https://mc.manuscriptcentral.com/omcr and enter your Author Centre, where you will find your manuscript title listed under "Manuscripts with Decisions." Under "Actions," click on "Create a Revision." Your manuscript number has been appended to denote a revision.

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We appreciate that, due to the current situation with Covid-19, authors may not be able to return their revisions within our usual 30 day period. If you feel you will need additional time please don't hesitate to contact the Editorial Office on omcr.editorialoffice@oup.com, and the Editorial Administrator will be happy to amend the deadline in ScholarOne.

Once again, thank you for submitting your manuscript to the Oxford Medical Case Reports and I look forward to receiving your revision.

Yours sincerely,

Dr. Vassilios Vassiliou Senior Editor Professor Richard Watts, Oxford Medical Case Reports Editor in Chief Email: omcr.editorialoffice@oup.com

Associate Editor

Comments to the Author:

Dear authors,

Would you please address the options that peer reviewers raised. I would strongly recommend avoiding any unwarranted speculations. The option of N waives must be presented in a very scientific fashion without misguiding statements. It might be great to demonstrate all the controversy surrounding this field of knowledge.

Reviewer: 1

Comments to the Author

Good Case Report. Though not novel, it is of value and reinforces the utility of this finding that could be useful in daily practice.

The ECG images are not of a very good resolution. Also, please do mark the N waves in them.

Reviewer: 2

Comments to the Author comments to the authors:

- -I suggest making changes regarding text flow in describing the case presentation part of the manuscript.
- -N waves can rarely predict the presence of a STEMI, this has to be debated and discussed thoroughly in the text. -more information regarding the patient's previous history is needed. including previous presentations with complaints of chest pain, previous ECGs, echo.

mochamad yusuf <yusuf_505@fk.unair.ac.id> To: Louisa K <louisafk@gmail.com> Fri, Sep 24, 2021 at 8:06 AM

M Yusuf Alsagaff, MD PhD Acute Cardiac Care Division Cardiology and Vascular Medicine Department Airlangga University, Surabaya-Indonesia

Begin forwarded message:

From: Oxford Medical Case Reports <onbehalfof@manuscriptcentral.com>

Date: 24 September 2021 06.36.41 GMT+7

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