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REVIEWER'S REPORT

Manuscript No.: IJAR-53976 Date: 22/09/2025

Title: **Left Ventricular Free Wall Rupture Revealed by Periprocedural Echocardiography in a Patient with Extensive Anterior STEMI: A Fatal Case**

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 Date: 22/09/2025

Reviewer's Comment for Publication:
The manuscript effectively demonstrates an acute and fatal complication of STEMI, highlighting the critical role of echocardiography in emergent diagnosis. Its contribution lies in capturing a rare event with real-time imaging. Strengthening the literature review, providing additional insights into risk factors and prevention, and clarifying language would enhance its impact.

Reviewer's Comment / Report

Strengths:

1. **Clinical Relevance and Urgent Topic:** The paper describes a rare but highly fatal complication of acute myocardial infarction (AMI), emphasizing the importance of rapid diagnosis with echocardiography. The real-time documentation enhances its educational value.
2. **Clear Case Presentation:** The case is well-detailed, with precise descriptions of the patient's presentation, ECG findings, and the sequence of events leading up to the complication.
3. **Imaging and Video Documentation:** Inclusion of echocardiographic images and videos (although the videos cannot be viewed here) enriches the report, aiding in visual understanding of the rupture.
4. **Emphasis on Point-of-Care Echocardiography:** The discussion rightly highlights the vital role of transthoracic echocardiography in emergencies.

Weaknesses:

1. **Limited Literature Context:** The discussion refers to previous cases but could benefit from a more comprehensive review of existing literature discussing incidence, risk factors, and management strategies for LV free wall rupture.
2. **Lack of Detailed Post-Mortem or Autopsy Findings:** As the patient expired despite resuscitation, any additional insights from autopsy, if available, would strengthen the causation and understanding.
3. **Absence of a Broader Discussion on Prevention:** The paper could discuss preventive strategies or early identifying features to alert clinicians before rupture occurs.
4. **Clarity and Language Style:** Some sentences are lengthy and could be rephrased for clarity. For example, the phrase *"The rupture was caught via echocardiography just as she was being transferred for catheterization"* could be more concise.

Recommendations for Revisions:

1. **Language and Grammar:** Correct minor grammatical errors and typos. For example:
   - Change *"a massive hemopericardium and left ventricular free wall rupture"* to *"a massive hemopericardium resulting from a left ventricular free wall rupture"* for clarity.

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- Rephrase lengthy sentences for coherence, e.g., *"Emergent transthoracic echocardiography confirmed a massive hemopericardium due to LV rupture"*.

2. **Expand Literature Context:** Strengthen the discussion with more recent studies or reviews on LV free wall rupture post-AMI, including incidence, risk factors, and outcomes.
3. **Add Preventative and Early Identification Strategies:** Include insights into early warning signs or imaging features that could predict impending rupture.
4. **Figures and Videos:** Ensure all figures/tables are clearly labeled and referenced. Verify that videos are accessible and appropriately captioned.
5. **Formatting:** Check for consistent formatting, especially for references and figure legends.