

REVIEWER'S REPORT

Manuscript No.: IJAR-53976

Date: 23/09/2025

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

Recommendation:

Accept as it is

Accept after minor revision...YES.....

Accept after major revision

Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality	YES			
Techn. Quality		YES		
Clarity	YES			
Significance	YES			

Reviewer Name: Emmanuel KUBANA

Date: 23/09/2025

Reviewer's Comment

The manuscript presents a clinically relevant and well-structured case report of a rare but fatal complication of STEMI, namely left ventricular free wall rupture. The case is clearly described, and the inclusion of echocardiographic findings, ECG, and supportive media adds significant value. The report emphasizes the importance of vigilance and point-of-care echocardiography in acute myocardial infarction management.

Detailed Reviewer's Report

Strengths

- Clear and concise description of the patient presentation, diagnostic findings, and outcome.
- Emphasis on the role of echocardiography in early detection of mechanical complications.
- Adequate contextualization with existing literature (e.g., reference to Diemer et al., 2003).
- Figures and videos enhance the clarity and educational impact of the case.

Weaknesses and Suggestions for Improvement

1. Abstract:

- The abstract is informative but could be strengthened by briefly mentioning the learning points for clinical practice.

2. Case Presentation:

- Provide more detailed information on laboratory investigations (cardiac biomarkers, blood work), as these are often included in AMI case reports.
- Mention whether thrombolysis or any other initial reperfusion therapy was considered before transfer.

3. Discussion:

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- Expand the discussion to compare with additional published cases and highlight differences in presentation, management, and outcomes.
 - A short discussion on preventive strategies (e.g., earlier reperfusion, hemodynamic monitoring) would enrich the clinical relevance.
 - Update references with recent literature (post-2015) on LV rupture incidence and management.
4. **Conclusion:**
- The conclusion is appropriate but could be more specific in emphasizing key take-home messages for clinical practice and emergency preparedness.
5. **References:**
- Ensure proper formatting according to journal guidelines.
 - Include more recent studies or case series to support the discussion.

Recommendation

The manuscript is suitable for publication as a case report after **minor revisions** to expand the discussion, strengthen the abstract and conclusion, and include additional recent references.