



SDI Review Form 1.6

Journal Name:	Cardiology and Angiology: An International Journal
Manuscript Number:	2014_CA_10845
Title of the Manuscript:	Imaging of congenital subclavian artery to subclavian vein fistula in a newborn
Type of the Article	Case Study

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<u>Compulsory</u> REVISION comments	In my opinion there is a mismatch about the patient and the manuscript. First of all if the authors' affiliation is a radiology department, the imaging modalities may draw attention of the readers. If the authors are pediatric cardiologists or cardiovascular surgeons, they need to discuss and prove the necessity for waiting until the patient grows up to 9 months of age. In the discussion section, the possible complications of an AVF are discussed but what's the actual reason for taking all these risks until 9 months of age. I think the case is a rare one, but the 'take home message' of the paper has to be reviewed. Otherwise, much diagnostic work up has no use, since you had already diagnosed the patient at the beginning but delayed the treatment.	The authors are both paediatric cardiologist and Radiologist. As regard to the timing of interference, this was the decision of the surgical team specially after controlling the heart failure with anti failure measures. There is no consensus about the timing of surgical interference. Indications for surgical intervention of vascular malformations include hemorrhage, painful ischemia, congestive heart failure, or functional impairment. The surgical team made this decision to have good size of the baby which insure easily surgical interference specially that the heart failure is controlled. Take-home message was revised.
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		