



SDI Review Form 1.6

Journal Name:	<u>Journal of Advances in Medical and Pharmaceutical Sciences</u>
Manuscript Number:	Ms_JAMPS_24206
Title of the Manuscript:	Prevalence and Clinicoradiological Profiles of Respiratory Dysfunction in Patients with Medullary Infarction: Retrospective Case Study and Review of Literature
Type of the Article	Original Research Article

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:

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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)
Compulsory REVISION comments	The authors present a retrospective clinical study in which they show that the prevalence of respiratory disfunction due to medullary infarction (MI) was 0.3% in patients with acute ischemic stroke and 6.3% in MI patients (n=6). The study is potentially interesting but some aspects of the manuscript may be improved taking into account the following points 1. Conclusions in the abstract are far too extensive. I suggest to cut its length to a maximum of 4 or 5 lines. 2. It is mandatory to describe the causes of death (neurological and non-neurological). 3. In the discussion section, authors should reflect that there are also the "sleep-related breathing disorders" in acute stroke. For instance, a series analyzing acute first-ever lacunar stroke (<i>J Neurol</i> 2009; 256: 2036-2042), reported that a total of 69.1% of patients showed Apnea Hypopnea Index, greater than or equal to 10; and 44.1% AHI greater than or equal to 20. The inclusion and comment of this reference is recommended.	I gratefully appreciate your gentle and critical suggestion. In accordance to your suggestion, I amended the following 4 points in the revised manuscript 1. I shorted conclusions of the abstract to 5 lines. 2. In according to your critical suggestion, I described that the cause of death was recurrent MI in two patients at the results section and table 1. At the 5th line, page 7, The prognosis of dyspnic MI was fatal in 2 patients. Their cause of death was recurrent MI. 3. I added the recommended reference (<i>J Neurol</i> 2009; 256: 2036-2042) as reference no 29, and descibed the following sentences in the discussion section from the 21st line, page 12. CVD risk analyses of our patients with dyspnic MI revealed hypertension in 5 patients, smoking in 2 patients and arrhythmia in one patient. A previous clinicoradiological study of sleep-related breathing disorders (SRDB) was reported in 68 patients with acute first-ever lacunar stroke. The apnea/hypopnea index (AHI) was



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		determined using respiratory polygraphy. Smoking and body mass index (BMI) were associated with $AHI \geq 30$ in the multivariate analysis. SRDB screening was noted in smokers with capsular or pontine lacunar stroke [29]. In the present study, the prognosis was fatal in 2 patients even if mechanical ventilator was used. Previously 2 patients died at 1-11 months after MI onset [8, 25]. Two of our patients (25%) died from recurrent ischemic stroke. On CVD risk factors of our fatal patients, two had hypertension and non-smoking. BMI was 19.2 kg/m^2 in Patient 1 and 24.0 in Patient 3. Both patients had no prior history of sleep apnea.
<u>Minor</u> REVISION comments	4. In patients and methods it would be interesting to know the number of patients excluded from the study.	4. In patients and methods, I described the number of patients excluded from our study. At the 11th line of 6page, Seventy patients (50 men and 20 women) with artificial pacemakers were excluded from the present study because MRI and MRA were not performed.
<u>Optional/General</u> comments		