SDI Review Form 1.6

Journal Name:	**Cardiology and Angiology: An International Journal**
Manuscript Number:	**Ms_CA_48994**
Title of the Manuscript:	**Unmasking Brugada syndrome with oral flecanide provocation. A case series of three patients.**
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)*
Compulsory REVISION comments	**Authors should first correct grammatical errors like Fleca(i)nide in all the paper, and look better ECGs, then reconsider conclusions.** **Anyway, in addition to grammatical errors, I also remind authors not to overdiagnose BrS (which is quite common these days.....). Of course, the pre-probability test is all in these cases. This is favorable to the authors, in fact here they have a high index of suspicion of BrS. Both history of sudden death (familiarity) and syncope are present, and even two out of three patients are symptomatic for syncope. If, however, we base ourselves only on the ECG tracing, I feel I can observe that in the first case the ECG is negative for Brugada in both tracings; in the second case the ECG is really doubtful for BrS, while only in the third case the ECG is unequivocally positive. However, considering that the pre-test is high for cases 1 and 2, it would have been useful to repeat a conventional test with Ajmaline (a little more sensitive than Flecainide per os). For case 3, it would have been useful to complete the clinical procedure with both an electrophysiological test (EPT) for risk stratification and genetic test as well.**	I would like to thank you sir for reviewing our article. We have corrected the grammatical errors as recommended by you. You have correctly pointed out that the ecg of the 1st patient is not that characteristic as that of 2nd and 3rd patients , but that is only the aim of our study that patients who present with typical symptoms but atypical ECG patterns of Brugada , should be considered for further investigation by flecanide test.
Minor REVISION comments	Take note of grammatical errors and correct them. The background is correct. The abstract, case report series, and discussion are quite adequate.	
Optional/General comments	I've read with interest the article titled" Unmasking Brugada syndrome with oral fleca(i)nide provocation. A case series of three patients" by unknow authors. Well, I have to say that the topic is really interesting. In fact, there are a lot of literature about it, as authors have well reported.	

PART 2:

	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)*
Are there ethical issues in this manuscript?	*(If yes, Kindly please write down the ethical issues here in details)*	