

Underlined teal = inserted ~~struck red~~ = deleted **Highlighted** + numbered = comment, shown at right

This is a short abstract written specially to demonstrate how I edit. It is not taken from any author's manuscript. Every change is made with Track Changes on, and each one is explained in a margin comment. Where information is missing or unclear, I do not supply it myself: I flag the point and suggest wording for you to complete.

TITLE

Comparison of outcomes in patients ~~of~~with¹ acute myocardial infarction treated with primary PCI versus thrombolysis in a tertiary care centre

BACKGROUND

Acute myocardial infarction is a leading cause of mortality worldwide. Primary percutaneous coronary intervention (PCI) is ~~considered as gold standard therapy~~the recommended reperfusion strategy². However, in developing countries ~~like~~such as India, thrombolysis is still commonly used due to various reasons³. ~~There is paucity of data comparing both the modalities~~Few data are available comparing the two modalities from eastern India.

METHODS

A total of 186 patients ~~of~~with acute ST-elevation myocardial infarction admitted ~~into~~to our institute ~~from between~~to and January 2023 ~~to and~~ December 2023 were enrolled in the study. Patients were divided into two groups: Group A received primary PCI, and Group B ~~was given~~received thrombolysis. Baseline characteristics, ~~door-to-needle time~~⁴ and in-hospital ~~outcome was~~outcomes were recorded. Statistical analysis was ~~done by~~performed in SPSS.⁵

RESULTS

~~Out of~~Of the 186 patients, 98 underwent primary PCI and 88 received thrombolysis. Mean age was 57.4 ± 11.2 years. In-hospital mortality was significantly lower in the PCI group ~~as compared to~~than in the thrombolysis group (4.1% vs. 11.4%, $p < 0.05$)⁷. Left ventricular ejection fraction was better in the PCI group.⁶ ~~Majority of~~The majority of the patients were male.⁸

CONCLUSION

~~Primary PCI is better than thrombolysis and should be preferred in all patients of acute myocardial infarction.~~In this single-centre cohort, primary PCI was associated with lower in-hospital mortality than thrombolysis.⁹

MARGIN COMMENTS

- 1 Changed 'patients of' to 'patients with', the standard construction in clinical writing. The same change is made throughout.
- 2 "Gold standard" overstates the evidence base and is generally avoided in reporting guidelines. "Recommended reperfusion strategy" makes the same point and matches current guideline language. Please confirm the wording against the guideline you intend to cite.
- 3 "Various reasons" is not informative for a reader. Please state the two or three that apply in your setting, for example distance to a catheterisation laboratory, availability outside working hours, or cost. I have not added any, because I do not know which apply here.
- 4 Door-to-needle time is listed here as a recorded variable, but no value for it appears in the Results. Please either report it (mean with SD, or median with IQR, for each group) or remove it from the Methods.
- 5 Please add the SPSS version and the tests used. Suggested form: "Analyses were performed in SPSS version [X]. Continuous variables were compared using [Student's t test / the Mann-Whitney U test] and categorical variables using the [chi-squared / Fisher's exact] test." I have left the brackets for you to complete.
- 6 An ejection fraction is reported as a value, not as "better". Once you have the numbers, suggested form: "Mean left ventricular ejection fraction was X +/- Y% in the PCI group and A +/- B% in the thrombolysis group (p = ...)."
- 7 Most journals now ask for exact p values rather than thresholds. Please replace $p < 0.05$ with the exact value, for example $p = 0.03$.
- 8 Sex distribution belongs with the other baseline characteristics and needs a number. Suggested: "Of the 186 patients, N (X%) were male." Please supply N.
- 9 This conclusion is stronger than a single-centre observational study can support, and "in all patients" excludes the situations in which thrombolysis remains appropriate. I have narrowed it to what your data show. Please check that it still carries your intended message, and add any clinical implication you want to draw.