Sample of English editing by Native English editor (American English)

"Pezeshk Electronic Magazine"

1. Introduction

Rhabdomyolysis is a syndrome caused by the rapid breakdown of damaged skeletal muscle, whichinjury to skeletal muscle with rapid breakdown t causes the hat release of potentially toxic intracellular content into plasmā. It is characterized by a triad of muscle weakness, myalgia, and abnormal blood tests in the context of other underlying problems. Most adult cases of rhabdomyolysis are due to abuse of illicit drugs or alcohol, muscular trauma, crush injuries, prolonged immobilization, excessive muscular activity, electrolyte abnormalities, and myotoxic effects of prescribed drugs such as statins and cocaine (1–3). Lamivudine-induced rhabdomyolysis is a rare adverse drug reaction and can be fatal if not recognized earlyier. Various complications are associated with rhabdomyolysis, including hypovolaemia, compartment syndrome, arrhythmias and cardiac arrest, disseminated intravascular coagulation, hepatic dysfunction, acidosis, and myoglobinuric acute renal injury (2). Fatality, which has been reported to be asat rates as high as 59%, and myoglobinuric acute renal injury can be prevented by early fluid resuscitation (3, 4). Therefore, early identification of this syndrome is important. However, treatment may_be complicated by the patient's underlying co-morbidities, such as congestive cardiac failure or underlying chronic kidney disease. Lamivudine-induced rhabdomyolysis has been reported previously in other literatures, but to the best of our knowledge, been reported in Malaysia before (5, 6).

2. Case presentation

2.1. Clinical presentation

A 31-year-old Malay man, admitted to the cardiothoracic ward for an elective Bentall procedure, was referred to the medical team at day 4 of admission_—for worsening renal and hepatic profiles. Upon admission to the cardiothoracic ward, he appeared to be well within class II of the New York Heart Association (NYHA) Functional Classification. New York Heart Association (NYHA) functional class II. His vital signs were stable. Physical examination revealed a moderate pan-systolic murmur and a palpable liver edge, about 3 cm below the right costal margin. Other system examinations were unremarkable.

Upon consultation with the hepatobiliary team, <u>a provisional diagnosis</u> of acute liver failure secondary to acute flare of hepatitis B infection was made and empirical antiviral treatment with <u>100 mg of</u> oral <u>L</u>lamivudine <u>100 mg</u> daily was initiated. Three days after <u>the</u> initiation of <u>L</u>lamivudine, <u>the</u> patient developed myalgia. There was significant muscle tenderness and swelling of the upper and lower limbs, but he did not have tea-coloured urine or gross haematuria.

2.2. History

The patient had a background history of congenital valvular heart disease, thoracic aortic dissecting and aortic dissection and recently diagnosed; hepatitis B viral infection. An exchocardiogram showed a congenital bicuspid bileaflet aortic valve with severe aortic regurgitation, complicated by dilated cardiomyopathy.

2.3. Laboratory and imaging findings

Baseline blood investigations conducted upon admission showed mild hepatic and renal impairments with alanine transaminase (ALT), aspartate transaminase (AST), total serum bilirubin, urea, and creatinine levels of 361 U/L, 181 U/L, 53 µmol/L, 8.9 mmol/L and 127 µmol/L respectively. On subsequent days of admission, his hepatic and renal function worsened, with ALT elevated up to tent of fold from the baseline value, urea of 28 mmol/L and creatinine of 152 µmol/L. A ffull blood count revealed thrombocytopenia with a platelet count of 71 x 10 /L; also, the and coagulation profile was also deranged. Screenings for other common infectious diseases wereas negative, pending hepatitis B e-antigen and viral load. An utiltrasound of the patient shis hepatobiliary system revealed normal findings with no focal attributes. Worsening of the liver function tests led to athe provisional diagnosis of acute liver failure secondary to acute flare of hepatitis B infection.

Comment [A1]: I'm suggesting some rewording of this part to make it flow a little easier.

Comment [A2]: Quick tip: the word "however" always involves commas. If "however" begins a sentence, it will be followed by a comma. It if ends a sentence, it will be preceded by a comma. If "however" appears in the middle of the sentence, it will have commas on either side of it.

Comment [A3]: In English, the words "research," equipment," and "literature" are considered to be collective nouns, and the plural versions are never used.

Comment [A4]: I just reworded this sentence a little for the sake of clarity.

Comment [A5]: "Background" and "history" mean the same thing here, so it's redundant to use them both. I'll delete "background" and stick with "history," but either word works perfectly well.

Comment [A6]: You would know better than I so you can change it back if you know that it's correct, but I Googled the "thoracic aortic dissecting aneurysm" and could only find it referred to as "thoracic aortic aneurysm and aortic dissection."

Comment [A7]: I think you might mean "bicuspid" rather than "bileaflet" here. Google tells me that the congenital condition is "biscupid" while "bileaflet" refers to a prosthetis.

Comment [A8]: A comma always goes before "respectively."

Comment [A9]: The word "elevate" implies an upward direction, so you don't have to say "up."

Comment [A10]: Since "tenfold" is an adverb, it doesn't require "to."

Comment [A11]: I made "screening" plural and changed the verb tense accordingly, assuming that there were multiple screenings for different diseases, and not just one screening that can identify all common infectious diseases. If I'm wrong, just change it back.

Comment [A12]: "tests" should be plural because it refers to a group of tests.

Comment [A13]: In section 2.2, you say "hepatitis B viral infection." Whichever you choose, just be consistent. Add "viral" to this instance of the phrase or take it out in section 2.2. Also, I think you should use "flare up" rather than "flare."