



PEER-REVIEW REPORT

Name of journal: World Journal of Methodology

Manuscript NO: 38602

Title: Noninvasive hemodynamic monitoring of septic shock in children

Reviewer's code: 00646232

Reviewer's country: Egypt

Science editor: Li-Jun Cui

Date sent for review: 2018-03-06

Date reviewed: 2018-03-19

Review time: 13 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input checked="" type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

I reviewed with interest this well written review article. The article is comprehensive and covering a wide range of tools used to monitor the hemodynamics in septic shock. The article is general is good. I have few comments I embedded in the manuscript itself that I guess it could help to improve the quality of this good work.



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INITIAL REVIEW OF THE MANUSCRIPT

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- [Y] No

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- [Y] No



PEER-REVIEW REPORT

Name of journal: World Journal of Methodology

Manuscript NO: 38602

Title: Noninvasive hemodynamic monitoring of septic shock in children

Reviewer's code: 00467399

Reviewer's country: Italy

Science editor: Li-Jun Cui

Date sent for review: 2018-03-13

Date reviewed: 2018-03-26

Review time: 13 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The article deals with a non-invasive procedure to monitor the hemodynamics of children in the presence of septic shock. The manuscript is well written and easy to read. It provides appropriate information on a rather complex topic. However this reviewer wishes to call the attention of the authors on some points. In the introduction the



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description of cold and warm septic shock is reported and it is underlined that both are responsible for a reduced perfusion of the various organs. Although the hemodynamic pattern of the two type of shock is clearly described, the paragraph should be enriched by a few words on the upstream pathophysiology of each of them. In the first paragraph of the section on the challenges in the management of septic shock the different use of dopamine/epinephrine and norepinephrine depending on the type of shock is reported without explaining the reason of the choice. It is true that the reason is indicated at the end of the article before the conclusion. However it would be useful for the reader to find the explanation at the beginning of the article. Obviously this change involves a corresponding opposite change at the end of the manuscript. Strictly speaking cardiac index (CI) is not an index of cardiac contractility because it is related with cardiac output which matches with afterload and resistance. Actually, CI represents the overall final effect of cardiac activity. Thus the title and the first paragraph of section 2 (Assessment of contractility) should be modified accordingly. In the second paragraph of section 2, different values of CI are reported for children with and without septic shock. Although easy to guess, the reason should be explained. On lines 8 and 9 of the same paragraph we read “measure the CI in fluid resistance and catecholamine resistance shock towards the end of the septic shock”. What does “towards the end of the septic shock” mean? And how can it be predicted? In section 3 (Assessment of afterload), par. 1, end of line 2. SVR is likely to be changed in SVRI. SVR as such is not independent of body size. Minor points. Please check whether all abbreviations are explained in the relevant table.

INITIAL REVIEW OF THE MANUSCRIPT

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