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PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine

Manuscript NO: 47181

Title: Independent Lung Ventilation: Implementation Strategies and Review of Literature

Reviewer's code: 02497043

Reviewer's country: Turkey

Science editor: Fang-Fang Ji

Reviewer accepted review: 2019-03-15 15:10

Reviewer performed review: 2019-03-21 11:41

Review time: 5 Days and 20 Hours

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 type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input checked="" 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 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 checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Your review is quite comprehensive and well written. I have no additional comments.

INITIAL REVIEW OF THE MANUSCRIPT



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Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

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- ☐ Plagiarism
- ☐ No

PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine

Manuscript NO: 47181

Title: Independent Lung Ventilation: Implementation Strategies and Review of Literature

Reviewer's code: 03339562

Reviewer's country: Reviewer_Country

Science editor: Fang-Fang Ji

Reviewer accepted review: 2019-04-24 16:44

Reviewer performed review: 2019-05-10 15:34

Review time: 15 Days and 22 Hours

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 type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" 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 checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The manuscript is well written and widely describe the reality of the ILV in the actual ICU world. a) My suggestion is to include some pediatric data being this manuscript a review (Di Nardo et al. Independent lung ventilation in a newborn with asymmetric

acute lung injury due to respiratory syncytial virus: a case report. J Med Case Rep. 2008 Jun 19;2:212. ; Plotz FB, Hassing MB, Sibarani-Ponsen RD, Markerhorst DG. Differentiated HFO and CMV for independent lung ventilation in a pediatric patient. Intensive Care Med. 2003; Di Nardo et al. Single lung ventilation associated to ECMO: an alternative approach to manage ventilator-induced lung injuries in infants. Minerva Anesthesiol. 2019 Jan;85(1):90-91;) I would suggest to Stress the importance of thgis technique where ECMO is not available (low income countries...most of the literature comes from India for example) B)I would be moderate to suggest ILV for the management of PGD; there is only one paper of Snell G, but actually the use of more marginal donor lungs often compromises bronchial healing and increase postoperative complications. The preferred strategy is to move directly to VV-ECMO being ILV a long treatment with chances of further injuries to the lung. C) Among the modes of ventilation you should be spent a word on HFOV.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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- ☐ No

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- ☐ No