



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 53199

Title: Maternal Preeclampsia Hemodynamic Characteristics During Cesarean Delivery After Spinal Anesthesia with Ropivacaine

Reviewer's code: 00742373

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor

Reviewer's country: China

Author's country: China

Manuscript submission date: 2019-12-13

Reviewer chosen by: Jin-Lei Wang

Reviewer accepted review: 2020-02-03 02:38

Reviewer performed review: 2020-02-03 05:11

Review time: 2 Hours

Table with 4 columns: SCIENTIFIC QUALITY, LANGUAGE QUALITY, CONCLUSION, PEER-REVIEWER STATEMENTS. It contains various checkboxes and text for quality assessment and reviewer statements.



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SPECIFIC COMMENTS TO AUTHORS

The manuscript "Maternal Preeclampsia Hemodynamic Characteristics During Cesarean Delivery After Spinal Anesthesia with Ropivacaine" studied the hemodynamic changes under anesthesia with ropivacaine during cesarean delivery. The authors enrolled 10 preeclampsia women in the study. The Cardiac output (CO) and stroke volume (SV), mean arterial pressure (MAP) and systemic vascular resistance (SVR) and Central venous pressure were observed before, during, and after cesarean delivery. In addition, it also observed oxytocin administration to the influence of hemodynamics and maternal and neonatal complications. They concluded that spinal anesthesia for caesarian delivery with ropivacaine in women with preeclampsia was linked to modest hemodynamic changes of no clinical significance in this study. The authors also recommend careful cardiovascular monitoring particularly after the delivery of fetus and the use of oxytocin. There were dozens of studies on the hemodynamics of ropivacaine to cesarean delivery from documents review, but few of them were on preeclampsia. Preeclampsia is a common and specific complication associated with pregnancy. It has specific hemodynamic changes with poor maternal outcomes. Cesarean delivery is the most frequently adopted delivery to terminate pregnancy for women with preeclampsia. And spinal anesthesia is a preferred anesthesia for women with preeclampsia. This manuscript targeted very well on this special pregnancy induced complication. It provided clear data and conclusion for the use of ropivacaine for spinal anesthesia during cesarean delivery for preeclampsia. The study was a prospective, observational study carried out at academic teaching hospital. The design is logical and scientific, the data are believable, the discussion is focusing with depth. It provided clear outline of the influence of the spinal anesthesia with ropivacaine to the hemodynamics during cesarean delivery of preeclampsia women. Comments for improvements: 1. It is OK



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for primary report of the study, but reviewer encourage to increase the sample size. 2.

Suggest to add groups for the comparison, such as groups of women without preeclampsia, anesthesia with other medications. 3. This manuscript might be more appropriate to publish in the World Journal of Obstetrics and Gynecology.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- The same title
- Duplicate publication
- Plagiarism
- No

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- No



RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 53199

Title: Maternal preeclampsia hemodynamic characteristics during cesarean delivery after spinal anesthesia with ropivacaine

Reviewer’s code: 00742373

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor

Reviewer’s country: China

Author’s country: China

Manuscript submission date: 2019-12-13

Reviewer chosen by: Le Zhang

Reviewer accepted review: 2020-03-20 14:23

Reviewer performed review: 2020-03-20 15:10

Review time: 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input checked="" 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 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



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SPECIFIC COMMENTS TO AUTHORS

It is noticed that there is a great improvement of the revised version of the manuscript. These includes language improvement, ethical approval documents, and the results. The suggestions in the first review are no more concerns with the answers and improvement of the new version.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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