

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 57463

**Title:** Aspiration pneumonia during general anesthesia induction after esophagectomy: a case report

**Reviewer's code:** 04007680

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Assistant Professor

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** China

**Manuscript submission date:** 2020-06-16

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-06-16 23:54

**Reviewer performed review:** 2020-06-17 06:18

**Review time:** 6 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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#### **SPECIFIC COMMENTS TO AUTHORS**

After esophageal cancer surgery, anesthesia should be administered with the assumption that reflux is always possible and that the risk of aspiration is high. Depending on the location of the anastomosis, we would usually consider intubation under consciousness because of the anatomical concerns. The preoperative CT shows a strained stomach, so we should be cautious to begin with, and we don't usually ventilate with a mask. I think readers would be interested to know why the authors used mask ventilation and what other reported cases have happened.

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 57463

**Title:** Aspiration pneumonia during general anesthesia induction after esophagectomy: a case report

**Reviewer's code:** 05198239

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Professor

**Reviewer's Country/Territory:** South Korea

**Author's Country/Territory:** China

**Manuscript submission date:** 2020-06-16

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-06-17 10:52

**Reviewer performed review:** 2020-06-22 07:24

**Review time:** 4 Days and 20 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## **SPECIFIC COMMENTS TO AUTHORS**

This is a case that can give attention to many anesthesiologists when perform anesthesia in a patients after esophagectomy. 1. As an anesthesiologist, I have some questions about anesthesia procedure by the authors. What kind and which size of endobronchial tube was used? How long the surgery did take (Was it sufficiently long to evaluate the effect of the drugs?)? How the responses were after salbutamol, aminophylline, and steroid (parameters such as airway pressure, tidal volume, and end tidal carbon dioxide)? Did the anesthesiologist exchange endobronchial tube into endotracheal single lumen tube? It is important in evaluating airway pressure. I hope these things are described in the case. 2. What are the criteria for gastric tube dilation? If there is a criteria for diameter, it is better to describe it in the CT finding. 3. In the description of the induction position, the reference 11 was a manikin study, so it does not fit the description. It would be good to match other references. 4. In general, the infiltrations of the right lung are more severe. Please describe whether it is the same pattern in aspiration pneumonia after esophagectomy like in this patient and whether the surgical position affected the pattern of pneumonic infiltration. 5. It would be good to recommend practical methods to prevent aspiration in these patients in the conclusion part.

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 57463

**Title:** Aspiration pneumonia during general anesthesia induction after esophagectomy: a case report

**Reviewer's code:** 02954731

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Assistant Professor

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** China

**Manuscript submission date:** 2020-06-16

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-06-17 09:39

**Reviewer performed review:** 2020-07-02 13:37

**Review time:** 15 Days and 3 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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#### **SPECIFIC COMMENTS TO AUTHORS**

In the discussion “In the present case, we found that the patient had gastric tube dilatation before surgery (Figure 1C), which was consistent with the situation reported in the literature[8].” The situation just after esophageal reconstruction mentioned in literature (8) is different from that of the case reported in this manuscript. In the discussion “Additionally, the use of gastric ultrasound to assess gastric contents before induction may be helpful[20].” The use of ultrasound to assess the content of gastric tube is not effective for this case with reconstruction through retromediastinal route.

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 57463

**Title:** Aspiration pneumonia during general anesthesia induction after esophagectomy: a case report

**Reviewer's code:** 04762062

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Academic Fellow, Research Fellow, Senior Postdoctoral Fellow, Surgeon

**Reviewer's Country/Territory:** United States

**Author's Country/Territory:** China

**Manuscript submission date:** 2020-06-16

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-06-19 15:20

**Reviewer performed review:** 2020-07-11 13:19

**Review time:** 21 Days and 21 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [ ] Yes [Y] No

#### **SPECIFIC COMMENTS TO AUTHORS**

Dear authors, thanks for allowing me to review the manuscript. Little is known about aspiration after intubation and after trauma it is suggested to perform an RSI to avoid aspiration. It seems that cancer of the gastrointestinal tract decreases the peristaltic and therefore, the digestion. This study is well written and shows the risk even with esophageal atresia. It can be accepted in the current form.