



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 60884

Title: Intracardiac, pulmonary cement embolism in a 67-year-old female after cement-augmented pedicle screw instrumentation: A case report and review of literature

Reviewer's code: 04761604

Position: Peer Reviewer

Academic degree: DNB, MBBS

Professional title: Doctor

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2020-11-30

Reviewer chosen by: Jia-Ping Yan

Reviewer accepted review: 2020-12-31 01:10

Reviewer performed review: 2020-12-31 08:02

Review time: 6 Hours

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 Grade E: Do not publish |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



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SPECIFIC COMMENTS TO AUTHORS

I praise the authors for their informative manuscript. The context will probably be of interest to the readers of the journal. However, a revision is required before I could recommend it for acceptance. Overall, I find two main pitfalls in this article. First, it lacks adequate detail concerning the non-orthopedic portions, i.e., those related to the presentation and management of the pulmonary thromboembolic disease. The treatment section needs further detail on the treatment of the embolism. Since 'conservative treatment' is a keyword of your manuscript; so, information about it will be eloquent. Second, a proper presentation and pertinent details of the timeline of events (a vital component of this paper) is missing. Please rewrite so that the reader can visualize the entire patient care process from the first day of contact to the last day of follow-up. Were the CT scans repeated after the 5th post-op day? Include all instances when lab and radiologic evaluation ensued and their findings. Please consider the inclusion of a tabular representation of vital status, ECG, oxygen saturation, radiologic, and laboratory findings in a date- or day-wise manner. Additionally, I would suggest the inclusion of a flow diagram showing the entire chain of events in detail (preferably with colors). Please add colored markers where possible on all radiologic images and explain them in the caption. Please include the date (or day number) when such images were taken. A lot of information in the discussion section would be a better fit for the introduction section. I recommend rewriting the discussion section in a much concise manner. Please make the discussion writing more relevant to the case you reported rather than keeping it in general. Additionally, I recommend addressing the following points in your paper: 1. The predisposing factors that might have increased the odds of the thromboembolic complication. 2. How did your treatment vary from identical orthopedic cases (in detail)? Discuss the dosages of medications used. 3. What about



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anesthesia? A talk with the anesthesiologists who cared for the patient and a review of their notes may further help building your case. 4. How about physiotherapy and ambulation while the patient was inpatient? What type of home care did the patient receive after returning home in line with thromboembolism management? I would like to know in detail. 5. The type of experts involved in the management of the patient and their role. 6. State the limitations of your paper, if any. I have additional comments in the manuscript file itself. Thank you.



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Reviewer's code: 00608223

Position: Peer Reviewer

Academic degree: BM BCh, MD, MRCP, PhD

Professional title: Doctor, Reader (Associate Professor)

Reviewer's Country/Territory: United Kingdom

Author's Country/Territory: China

Manuscript submission date: 2020-11-30

Reviewer chosen by: Jia-Ping Yan

Reviewer accepted review: 2020-12-31 11:34

Reviewer performed review: 2020-12-31 12:24

Review time: 1 Hour

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|---------------------------------|---|
| Scientific quality | <input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish |
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SPECIFIC COMMENTS TO AUTHORS

This interesting case report was very informative about the CAPSI procedure and the risks of cement embolism, which were not known to me. I feel it would be of interest to general and respiratory physicians who might see presentation with emboli, but not be familiar with the procedure or the (small) risk of such an event. The case was reasonably well described and the past literature on presentation and management of cement emboli was clearly presented in a table. There were a few instances where the English was not quite right, but it was understandable and the deficit more stylistic than anything else. I did have a few questions which the authors might be able to answer to improve their manuscript

1. Did the patient receive anti-embolic measures such as stockings and prophylactic dose low molecular weight heparin in the peri-operative period? This would be an important standard of care
2. Mention is made of 'elevation of markers of myocardial infarction'. Which ones? If this was troponin then this is known to be elevated in large PE, such that it is a prognostic marker. It would be useful to be specific and show the levels. The severity of the embolism could also be described using a clinical score (eg PESI).
3. If the mechanism of embolism is obstruction by cement itself, how does LMWH work to treat the event? Is there secondary thrombus around the cement? This would be helpful to clarify for the reader, especially as it might determine length of treatment with anticoagulation after the event.
4. The patient was also treated for infection - I can imagine that cement might be an inflammatory stimulus, and that this could cause similar features to infection - is this a known problem? Is there any possibility of this being the mechanism rather than a post operative hospital acquired pneumonia? What measures to prevent HAP were taken? (eg chest physio, nursing sitting up where possible)
5. In the discussion the risk factors for cement embolisation are listed - which of these were present in the patient whose case is described? What



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preventative measures might be taken in a high risk patient requiring CAPSI? Would IVC filter be relevant? Presumably this would prevent embolisation of fragments to the lung.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2020-11-30

Reviewer chosen by: Le Zhang

Reviewer accepted review: 2021-02-07 07:22

Reviewer performed review: 2021-02-07 07:50

Review time: 1 Hour

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

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I thank the authors for their revisions. I am happy to recommend the manuscript for publication. Good work!