

PEER-REVIEW REPORT

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Title: Delayed massive cerebral infarction after perioperative period of anterior cervical discectomy and fusion: A case report

Reviewer's code: 05130622

Position: Peer Reviewer

Academic degree: MBBS

Professional title: Doctor

Reviewer's Country/Territory: United Kingdom

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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 Grade E: Do not publish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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	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

This is an excellent case report describing a poorly understood complication of ACDF surgery. The authors have described the case in great detail and the conclusion makes excellent points. Whilst I understand the desire to make the case summary fit a 'history of presenting complaint' narrative, it feels confusing in some points and would be better served in chronological order. The paragraph entitled 'history of present illness' should be re-ordered to start with the presenting symptoms of cervical myelopathy. The discussion section described the possible/probable causative link between carotid retraction (in the presence of significant risk factors) in an excellent way. However the conclusion section of the abstract states that the stroke 'should be attributed to prolonged carotid retraction and might have a long silent period'. I feel that 'should' is too strong a term for this association and should be altered to 'may' or 'probably was'. Overall, I commend the authors on an informative and thought provoking manuscript.