

Dear Dr. Park,

We are pleased to inform you that, after preview by the Editorial Office and peer review, as well as CrossCheck and Google plagiarism detection, we believe that the academic quality, language quality, and ethics of your manuscript (Manuscript NO.: 68922, Case Report) basically meet the publishing requirements of the World Journal of Clinical Cases. As such, we have made the preliminary decision that it is acceptable for publication after your appropriate revision. Upon our receipt of your revised manuscript, we will send it for re-review. We will then make a final decision on whether to accept the manuscript or not, based on the reviewers' comments, the quality of the revised manuscript, and the relevant documents. Please follow the steps outlined below to revise your manuscript to meet the requirements for final acceptance and publication.

1 MANUSCRIPT REVISION DEADLINE

We request that you submit your revision in no more than **14 days**. **Please note that you have only two chances for revising the manuscript.**

→Response: We appreciate the great opportunity given to us to revise our manuscript.

We would like to thank the reviewer for the comments

2 PLEASE SELECT TO REVISE THIS MANUSCRIPT OR NOT

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3 SCIENTIFIC QUALITY

Please resolve all issues in the manuscript based on the peer review report and make a point-by-point response to each of the issues raised in the peer review report. Note, authors must resolve all issues in the manuscript that are raised in the peer-review report(s) and make point-by-point responses to each of the issues raised in the peer-review report(s), which are listed below:

Reviewer #1:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (High priority)

Specific Comments to Authors: This report describes a 59-year-old woman with intercostal arterial bleeding occurring immediately after percutaneous catheter removal, which is a rare and life-threatening complication after catheter removal. Early diagnosis is crucial clinically in order to give treatment immediately for intercostal arterial bleeding control, so as to improve prognosis. This manuscript has met the basic publishment requirement of the journal. It would be better if the authors make an advice for important diagnostic application of using Color Doppler Flow Imaging(CDFI) Ultrasound in conclusion paragraph.

→Response: We would like to thank the reviewer for the comments. We are also aware of the diagnostic superiority and necessity of CDFI ultrasound in intercostal arterial bleeding.

However, at that time, the rapid aggravation of the patient's condition did not allow for imaging evaluation. Accordingly, we have revised some details in the Discussion and Conclusion sections according to the reviewer's comment as follows:

Discussion:

In addition, using color Doppler flow imaging ultrasound to examine pseudoaneurysm or bleeding in the intercostal artery can similarly be useful for diagnosis ¹.

Conclusion:

Similarly, the use of color Doppler flow imaging ultrasound can help diagnose hemothorax due to intercostal arterial bleeding.

4 LANGUAGE QUALITY

Please resolve all language issues in the manuscript based on the peer review report. Please be sure to have a native-English speaker edit the manuscript for grammar, sentence structure, word usage, spelling, capitalization, punctuation, format, and general readability, so that the manuscript's language will meet our direct publishing needs.

→Response: We agree with your comments. Accordingly, we have consulted an English editing service to revise our manuscript for language and grammar; and attached herewith is the editing certificate.



5 ABBREVIATIONS

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV,

LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly. Now we list the abbreviations rules as follows.

→Response: We would like to thank the reviewer for the comments. Accordingly, I have revised the manuscript to reflect your suggestion.

(1) Title: Please spell out any abbreviation in the title. Abbreviations are not permitted.

(2) Running title: Please shorten the running title to no more than 6 words. Abbreviations are permitted.

(3) Abstract: Abbreviations must be defined upon first appearance in the Abstract. Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori).

(4) Key words: Abbreviations must be defined upon first appearance in the Key words.

:Key words: Bleeding; Drainage; Intercostal artery; Hemothorax; Pleural effusion; Case report

(5) Core tip: Abbreviations must be defined upon first appearance in the Core tip. Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)

(6) Main Text: Abbreviations must be defined upon first appearance in the Main Text. Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)

(7) Article Highlights: Abbreviations must be defined upon first appearance in the Article Highlights. Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)

(8) Figures: Please verify the abbreviations used in figures and define them (separated by semicolons) at the end of the figure legend or table; for example, BMI: Body mass index; CT: Computed tomography.

(9) Tables: Please verify the abbreviations used in tables and define them (separated by semicolons) at the end of the figure legend or table; for example, BMI: Body mass index; CT: Computed tomography.

6 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) Science editor: 1 Scientific quality: The manuscript describes a case report of the hemothorax due to intercostal arterial bleeding. The topic is within the scope of the WJCC.

(1) Classification: Grade A;

(2) Summary of the Peer-Review Report: This report describes a 59-year-old woman with intercostal arterial bleeding occurring immediately after percutaneous catheter removal, which is a rare and life-threatening complication after catheter removal. Early diagnosis is crucial clinically in order to give treatment immediately for intercostal arterial bleeding control, so as to improve prognosis. It would be better if the authors make an advice for important diagnostic application of using color Doppler flow imaging ultrasound in conclusion paragraph;

→Response: We would like to thank the reviewer for the comments. We have revised some details in the Discussion and Conclusion sections according to the reviewer's comment.

(3) Format: There are 4 figures;

(4) References: A total of 11 references are cited, no references published in the last 3 years;

→Response: We agree with your comments. We have revised some details in the Discussion section according to the reviewer's comment.

(5) Self-cited references: There are no self-citations; and

→Response: We agree with your comments.

(6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately.

→Response: We agree with your comments. We will keep your comments in mind.

2 Language evaluation: Classification: Grade B. A language editing certificate issued by Editage was provided.

→Response: We would like to thank the reviewer for the comments.

3 Academic norms and rules: The authors should provide the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement, the Signed Informed Consent, and need to fill out the CARE Checklist – 2016 with line/page numbers. No academic misconduct was found in the Bing search.

→Response: We would like to thank the reviewer for the comments. Accordingly, we have filled the consent form and submitted the CARE Checklist as suggested.

4 Supplementary comments: This is an unsolicited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJCC.

→Response: We would like to thank the reviewer for the comments. We had no financial support for this study.

5 Issues raised: (1) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor; and

→Response: We agree with your comments. Accordingly, we have submitted the original figure documents edited using PowerPoint.

(2) The "Case Presentation" section was not written according to the Guidelines for Manuscript Preparation. Please re-write the "Case Presentation" section, and add the "FINAL DIAGNOSIS", "TREATMENT", and "OUTCOME AND FOLLOW-UP" sections to the main text, according to the Guidelines and Requirements for Manuscript Revision.

→ Response: We apologize for our misunderstanding of your guideline. Accordingly, we have revised the Case presentation section per your suggestion.

FINAL DIAGNOSIS

Massive hemothorax due to bleeding from the 7th right intercostal artery.

TREATMENT

The patient rapidly became distressed with tachycardia and hypotension (60/40 mmHg) 15 minutes after the drainage catheter was removed. Hemothorax was identified on chest radiography (Figure 2). However, there was no active bleeding at the removal site of skin. And hypotension and aggravated tachycardia persisted. Therefore, we immediately performed thoracic aortography and identified active bleeding from the 7th right intercostal artery. After super-selection of feeding arteries using a microcatheter, embolization was performed using gelfoam and microcoils. Hypotension persisted even while resuscitation was continued during the procedure. Recovery from hypotension occurred immediately after embolization (Figure 3). A 28-F chest tube was carefully inserted beneath the injured area at a different intercostal space, and 2540 cm³ of fluids was drained (Figure 4). Total transfused RBC were eight packs, and there was no bleeding thereafter.

OUTCOME AND FOLLOW-UP

The patient's general condition progressively improved, and no further intervention was required. During follow-up, no bleeding was observed on computed tomography in 30 days, and the hemothorax gradually decreased. The patient recovered relatively quickly due to rapid diagnosis and proper response at the intercostal arterial bleeding event. Similarly, the patient and her daughters were satisfied with the outcome. Since then, she has been receiving conservative treatment while undergoing rehabilitation in the intensive care unit.

6 Recommendation: Conditionally accepted.

→Response: We would like to thank the reviewer for the comments

¹(2) Company editor-in-chief: I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before its final acceptance, the author(s) must provide the Signed Informed Consent Form(s) or Document(s) of treatment. For example, authors from China should upload the Chinese version of the document, authors from Italy should upload the Italian version of the document, authors from Germany should upload the Deutsch version of the document, and authors from the United States and the United Kingdom should upload the English version of the document, etc.

→Response: We would like to thank the reviewer for the comments. Accordingly, we have submitted the required documents together with the revised manuscript.

7 STEPS FOR SUBMITTING THE REVISED MANUSCRIPT

Step 1: Author Information

Please click and download the [Format for authorship, institution, and corresponding author guidelines](#), and further check if the authors names and institutions meet the requirements of the journal.

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Step 3: Abstract, Main Text, and Acknowledgements

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Please revise the references according to the [Format for references guidelines](#), and be sure to edit the reference using the reference auto-analyser.

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Best regards,

Jin-Lei Wang, Company Editor-in-Chief, Editorial Office

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