

## PEER-REVIEW REPORT

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

**Manuscript NO:** 68934

**Title:** Ultrasound guiding the rapid diagnosis and treatment of perioperative pneumothorax: a case report

**Reviewer's code:** 02927482

**Position:** Peer Reviewer

**Academic degree:** MCh, MS, PhD

**Professional title:** Additional Professor, Doctor

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

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

**Manuscript submission date:** 2021-06-09

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-06-11 02:49

**Reviewer performed review:** 2021-06-11 02:53

**Review time:** 1 Hour

<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 Grade E: Do not publish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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

The blue point is a nice finding. Has it been descibed by anyone before? Please elaborate

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

**Manuscript NO:** 68934

**Title:** Ultrasound guiding the rapid diagnosis and treatment of perioperative pneumothorax: a case report

**Reviewer's code:** 04163041

**Position:** Editorial Board

**Academic degree:** FACS, MBBS, MNAMS

**Professional title:** Professor

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

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

**Manuscript submission date:** 2021-06-09

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-06-26 14:09

**Reviewer performed review:** 2021-07-15 02:56

<b>Scientific quality</b>	<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
<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
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<b>Peer-reviewer statements</b>	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## **SPECIFIC COMMENTS TO AUTHORS**

Point of care Ultrasound for diagnosis of pneumonia, though a well established modality adopted in eFAST protocol since 2004 and BLUE protocol – (Bedside Lung Ultrasound in Emergency), will be informative to the reader and the point is well driven home in this case report. However the case report lacks details namely 1. Preoperative patient details may be provided (time to surgery from fall, ASA grade, lap details, etc., which are relevant to the management). 2. FAST and e FAST protocol details not provided 3. Preoperative Imaging pictures and findings not provided - like CECT done - to make a diagnosis of splenic injury. Being gold standard modality it would not have missed the pneumothorax (– 20 to 50% incidence of pneumothorax in trauma). If there was a (rib fracture and) pneumothorax the details of it (like type of pneumothorax which will influence its management). 4. Details about the sentinel event ( Only increase in air way peak pressure and drop in O2 saturation mentioned) and its possible causes needs to be told the reader. Of course one should have a low threshold to entertain diagnosis of traumatic tension pneumothorax in this patient. 5. In the management of this on table acute respiratory failure due to tension pneumothorax why needle aspiration followed by chest tube is not tried need be explained. 6. Case report can be concise, without repetitions. Final Comment : May be accepted for publication after revision.

## PEER-REVIEW REPORT

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

**Manuscript NO:** 68934

**Title:** Ultrasound guiding the rapid diagnosis and treatment of perioperative pneumothorax: a case report

**Reviewer's code:** 05449007

**Position:** Peer Reviewer

**Academic degree:** MBBS, MD

**Professional title:** Academic Fellow, Doctor

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

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

**Manuscript submission date:** 2021-06-09

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-06-25 23:30

**Reviewer performed review:** 2021-06-29 01:03

<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 type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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<b>Peer-reviewer statements</b>	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**

The authors present a case of pneumothorax identified using an ultrasound peri-operatively. While the case is interesting and this reviewer commends the author on using an easily available tool such as the ultrasound to promptly diagnose the location of the pneumothorax and intervene, possibly saving the patient's life, the manuscript is not novel. Pneumothorax is a common cause of sudden increase in peak airway pressures along with hypoxia and hemodynamic compromise in the ICU and peri-operatively and ultrasound is routinely used for screening for pneumothorax. Unfortunately, this manuscript does not add anything new to the pre-existing knowledge and techniques described in the literature. It would have been interesting if the author's described something new or a novel technique to use ultrasound in such scenario.

## PEER-REVIEW REPORT

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

**Manuscript NO:** 68934

**Title:** Ultrasound guiding the rapid diagnosis and treatment of perioperative pneumothorax: a case report

**Reviewer's code:** 03069247

**Position:** Peer Reviewer

**Academic degree:** MD, MSc

**Professional title:** Assistant Professor, Doctor, Surgeon

**Reviewer's Country/Territory:** United Arab Emirates

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

**Manuscript submission date:** 2021-06-09

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-06-30 05:04

**Reviewer performed review:** 2021-07-03 08:20

<b>Scientific quality</b>	<input checked="" type="checkbox"/> Grade A: Excellent <input 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**

The authors described a case of Perioperative pneumothorax which is a rare but dangerous. The diagnosis was rapidly achieved by bedside ultrasound. It will be better to mention the exact site of chest tube insertion. Also the authors may use one of the most recent studies about localization of intrapleural air in blunt traumatic pneumothorax which will give the reader an idea about the most recent studies in this area (Anatomical locations of air for rapid diagnosis of pneumothorax in blunt trauma patients. Hefny AF, Kunhivalappil FT, Paul M, Almansoori TM, Zoubeidi T, Abu-Zidan FM. World J Emerg Surg. 2019 Sep 2;14:44. doi: 10.1186/s13017-019-0263-0. eCollection 2019).