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PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 71826

Title: Thrombotic Pulmonary Embolism of Inferior Vena Cava during Caesarean Section: A Case Report with Whole-process Echocardiography Imaging

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02733541
Position: Editorial Board
Academic degree: MD, PhD
Professional title: Lecturer, Surgeon
Reviewer's Country/Territory: Romania
Author's Country/Territory: China

Manuscript submission date: 2021-09-23

Reviewer chosen by: Xin Liu (Online Science Editor)

Reviewer accepted review: 2021-12-14 07:54

Reviewer performed review: 2021-12-19 10:00

Review time: 5 Days and 2 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The manuscript is an interesting case report. I find it useful to classify the case according to Robson's criteria (in the discussion part). Cite: Dimitriu M, Socea B, Ples L, Gheorghiu D, Gheorghiu N, Neacsu A, Cirstoveanu C, Bacalbasa N, Furau CG, Furau GO, Banacu M, Ionescu CA. Criteria for Cesarean Section-an Imperative and Emergent Necessity in Romanian Obstetrics. Rev. Chim. 2019 Mar;70(3):1058-1061. doi: 10.37358/RC.19.3.7063. It would also be useful to deepen the prevention methods of DVT and PE in all situations, most common being cancer with high risk. (cite: Iorga RA, Bratu OG, Marcu RD, Constantin T, Mischianu DLD, Socea B, Gaman MA, Diaconu CC. Venous thromboembolism in cancer patients: Still looking for answers. Exp Ther Med. 2019 Dec;18(6):5026-5032. doi: 10.3892/etm.2019.8019).

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04159375
Position: Editorial Board
Academic degree: MD, PhD
Professional title: Attending Doctor, Doctor
Reviewer's Country/Territory: Japan
Author's Country/Territory: China

Manuscript submission date: 2021-09-23

Reviewer chosen by: Xin Liu (Online Science Editor)

Reviewer accepted review: 2021-12-14 05:49

Reviewer performed review: 2021-12-20 11:22

Review time: 6 Days and 5 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors reported a case of IVC-heart thrombus formation leading to pulmonary embolism during caesarian section in a patient with rheumatic severe mitral regurgitation . They emphasized the beneficial use of echocardiographic continuous monitoring during caesarian section. The clinical outcomes was good without any sequelae. I have some concerns about this case report. 1. Although this case was reported as a success story, the prospective management strategies to prevent serious events such as acute heart failure and acute pulmonary embolism was not described at each important phase, especially at 12, 28-29 weeks. Clinically prevention of major events would be most important in pregnancy with cardiovascular disease. What was the management strategy to keep safe pregnancy at the first presentation at12 week gestation? Heart failure is likely to develop due to volume overload by gestation progress. The hemodynamically catastrophic outcome could be easily predicted even after the successful treatment after 28-29 week. I think treatment and management between 29-33 weeks should be explained in detail . 2. How was the ACT control strategy before and during CS operation. When the authors found the progression of thrombus form IVC to tricuspid, what was prepared for? Only anticoagulation? 3. I think there was the risk of occlusion of main trunk of PA which causes hemodynamic collapse. The dissolution of thrombus might have been just lucky. Please show the preplanned protocol in this case. 4. The whole description of case report is redundant and should be more concise. For example, in the section of differential diagnosis, comparison of venous thrombosis with amniotic fluid embolism and venous air embolism (echo findings etc.) in this particular case should be discussed rather than detailed explanation

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of each general feature. 5. This reviewer recommend the authors to add a figure instead of Table 2 to give clear understanding the clinical course at a glance. 6. References are necessary for the following sentences. Most reported cases of thromboembolic PE during pregnancy or CS are considered to be caused by thrombosis originating from the deep veins of the lower limbs or the pelvic he veins. CS itself is a risk factor for venous thrombosis14 and AF, and neither standardized anticoagulation therapy nor heart failure treatment were administered during pregnancy, which are other conditions that promote the development of thrombi. Most cases of intraoperative PE or cardiovascular and respiratory diseases occur after the removal of the foetus or placenta during CS Intraoperative echocardiographic monitoring has received increased attention. Thrombotic PE in pregnant women with heart disease may be one of the causes of maternal mortality during CS. Most cases of intraoperative PE or cardiovascular and respiratory diseases occur after the removal of the foetus or placenta during CS.

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RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 71826

Title: Thrombotic Pulmonary Embolism of Inferior Vena Cava during Caesarean Section: A Case Report with Whole-process Echocardiography Imaging

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04159375
Position: Editorial Board
Academic degree: MD, PhD
Professional title: Attending Doctor, Doctor
Reviewer's Country/Territory: Japan
Author's Country/Territory: China

Manuscript submission date: 2021-09-23

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2022-01-21 09:30

Reviewer performed review: 2022-02-07 08:40

Review time: 16 Days and 23 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ ] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

Major 1. Figure 3 looks like just a translation of figures to the lines. I think this figure does not work for the readers to understand the clinical and physiological course comprehensively at a glance. 2. In discussion, the description of Amniotic fluid embolism and Venous air embolism is still redundant. I recommend the authors to focus on the differential diagnosis in this particular case. Minor There are many typos and grammatical errors. The followings are just examples. More rigorous English proof reading is definitely mandatory. Page 6 When TTE discoved the IVC thrombus, We urgently organized the multidisciplinary team (MDT) discussion for rescue plan.The team included the department of obstetrics, Page 7 TREATMENT the physician required a regular follow-up to prenatal examination one month a month in the second trimester Page 8 Lines 1-2 At 33 wk of gestation, she experienced severe heart failure and admissed to ICU at our hospital.the patient was treated for cardiotonicity, Line 6 During the CS, when we discoved the IVC thrombus, we made a MDT discussion and Line 10 The patien's with LMWH 30 mL q12 h for 3 days warfarin 2.5 mg qd anticoagulant therapy Page 10 Lines 7-8 In this case, the development and changes in the thrombus rapidly but without serious consequences. Differential diagnosis TPE Patients present with wheezing, dyspnoea, However, their athological mechanisms.