



## PEER-REVIEW REPORT

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

**Manuscript NO:** 72120

**Title:** A 7-year-old boy with recurrent cyanosis and tachypnea: A case report

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05230413

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** South Korea

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

**Manuscript submission date:** 2021-10-31

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-11-01 02:18

**Reviewer performed review:** 2021-11-02 02:20

**Review time:** 1 Day

<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 Grade E: Do not publish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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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

### **SPECIFIC COMMENTS TO AUTHORS**

I was pleased to read the manuscript entitled "A 7-Year-Old Boy with Recurrent Cyanosis and Tachypnea". The manuscript was written well and need a little revision for the better description. My questions are as followings: 1. Differential diagnosis: Is hepatopulmonary syndrome excluded? Is the liver ok? Is there no portosystemic shunt? There are some reports about patients with hypoxia and brain tumor, of which fatty liver, obesity, and hepatopulmonary syndrome are combined. In addition, in case of portosystemic shunt, interstitial lung disease with pulmonary hypertension and cyanotic changes also occur and mimic hypoventilation type a little bit. I am a pediatric gastroenterologist. Occasionally we see these combinations of symptoms in patients with brain tumor + fatty liver or portosystemic shunts. 2. Outcome: What was the outcome of the patient? Did the patient had surgery and the cyanosis was cured? 3. Clinical message: The etiology of Ondine's curse is already well known. The detailed differential steps to final diagnosis would be informative.



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**Reviewer's code:** 00503228

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2021-10-31

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-11-07 03:32

**Reviewer performed review:** 2021-11-07 09:58

**Review time:** 6 Hours

<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
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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### **SPECIFIC COMMENTS TO AUTHORS**

The case is most interesting; but the workup is incomplete. Authors well described the exams and tests, and also provided some differential diagnoses, without confirming a final diagnosis. Discussion and attempts to rule out/in of different etiologies including hypoventilation, diffusion defects, shunts, and ventilation-perfusion mismatch disorders. Some of the limitations of the study: 1. Workup of pulmonary exam on spirometry was incomplete. You find small airway obstructive pattern, but didn't continue with bronchodilators to confirm reversibility; DLCO was not reported; especially considering a potential diagnosis of interstitial lung disease (dyspnea, cough, exercise intolerance and characteristic CT images); a proper discussion of the entity and how you ruled it out is recommended; 2. Elevated liver enzymes, without further workup of liver diseases and hepatitis; a potential differential diagnosis in this case could be hepatopulmonary syndrome; which I suggest you discuss and try to rule it out. 3. Arteriovenous shunts is another differential diagnosis which needed discussion. 4. The patient has reportedly chest wall pain; that could explain much of the constellation of signs/symptoms and tests; It also needed to be properly discussed and ruled out; 5. Cyanosis during exercise is not suggestive of central hypoventilation (Ondine's Curse) syndrome. In fact, an improvement during the exercise & REM sleep is characteristic to the diagnosis. Tachypnea is also against this diagnosis; 6. The patient's severe obesity as well as snoring suggests obesity hypoventilation syndrome together with obstructive sleep apnea; 7. Data needed: Sputum production? Presence of clubbing? Orthopnea? Polysomnography; cardiac catheterization;



## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 00503228

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2021-10-31

**Reviewer chosen by:** Xin-Ran Guo

**Reviewer accepted review:** 2022-01-11 05:19

**Reviewer performed review:** 2022-01-12 02:57

**Review time:** 21 Hours

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



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

I reviewed the revisions and I think authors did a good revision & it is now proper to proceed to publication.