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PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 72127

Title: Fatal systemic emphysematous infection caused by Klebsiella pneumoniae: A case report

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06187298
Position: Peer Reviewer
Academic degree: MD
Professional title: Professor
Reviewer's Country/Territory: Bucharest
Author's Country/Territory: China

Manuscript submission date: 2021-10-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-17 19:21

Reviewer performed review: 2021-10-18 15:38

Review time: 20 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Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

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

SPECIFIC COMMENTS TO AUTHORS

Congratulation for the very good paper. Liver abscess caused by K. pneumoniae are indeed a rare pathology, let alone a systemic complication such as this one. Perhaps you should look into one of the most comprehensive Romanian experiences regarding liver abcscesses, published here: https://www.revistachirurgia.ro/cuprinsen.php?EntryID=244. Full English version is available upon request from the authors.

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Peer-review model: Single blind

Reviewer's code: 02845080
Position: Peer Reviewer
Academic degree: DNB, FICS, FRCS (Gen Surg), MBBS, MMed, MNAMS, MS
Professional title: Associate Professor, Director, Surgical Oncologist
Reviewer's Country/Territory: Singapore
Author's Country/Territory: China

Manuscript submission date: 2021-10-17
Reviewer chosen by: AI Technique
Reviewer accepted review: 2021-10-26 22:33
Reviewer performed review: 2021-10-31 12:21
Review time: 4 Days and 13 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Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish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 [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
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SPECIFIC COMMENTS TO AUTHORS

1. You report that patient had cholecystitis 2 months ago, that also with hypotension. So was he admitted, what lab tests were done for that during that admission, was any culture done, was he treated with antibiotics etc? This 2 month interval is rather short and it seems that patient was inadequately managed that led to the current state of affairs? I am not judgmental here, but the history of sepsis with hypotension has direct relevance to the case descriptions provided. 2 Authors mention too many blood tests with normal laboratory reference range. Some of the blood tests dont have the reference mentioned, some have. PCo2 is absent - why? I suggest rather than so many values pls report as e.g. uremia, acidosis, coagulopathy etc kind of phrases - so many reports gets the message diluted. 3. CT scan should not describe as "destructive liver lesion". desctructive is not apt term. Change it. 4. Was the patient on insulin or not? You mention "or" insulin. 5. What was the cause of chronic diarrhoea for so many years. I am not sure whether chronic non infectious diarrhoea is an aetiology for pyogenic liver abscess. Infective diarrhoea -- yes, but chronic diarrhoea i am skeptical. Pls edit this or support this with evidence. 6. Your statement - The mortality rate is reported to be extremely high at 27-30% [11-12]. Both citations 11 and 12 are too old - 1993 and 1995. Pls edit this statement to make more recent relevance and include new recent citations on gas forming liver abscess. There is a world review as well as comparative study between gas and non-gas forming liver abscess. 7. Citation 14 and 16 are too old. Edit the statements - statistics to align to recent outcomes and dont make it sound so bad. Gas forming has high mortality risk, agree - but stating 71% risk based on 1986 manuscript is unfair. Pls edit to include recent or current data. 8. Patient died after 22 hours in hospital. Patient

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was sick. Agree that surgery was refused by family. What about non-surgery approach e.g. percutaneous drainage? One of the core principles of sepsis treatment is source control. It appears that team invested too many resources in intensive care, but did not complete the treatment as a whole. Source control is so important. It is not done and 22 hours is actually a fairly long time interval for perc drainage to be done. Pls elaborate this and recognize this as your limitation and put this as learning lessons. I would argue if patient was managed with palliative intent than so much intensive care treatment was not necessary. 8. Conclusions cannot be so many and so elaborate. It is core 2-3 sentences that you put as learning or take away messages. Conclusion is not space to write theory that percutaneous drainage should be done etc - conclusion is summary of your report, take away points. So edit this. 9. I would also want to see discussion about klebsiella strains causing emphysematous infections e,g. variicola is recently reported to cause emphysematous cholecystitis. Pls discuss such microbial aspects too.