

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA **Telephone:** +1-925-399-1568 **E-mail:** bpgoffice@wjgnet.com https://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 73000

Title: Risk factors and optimal predictive scoring system of mortality for children with

acute paraquat poisoning

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05906308 Position: Peer Reviewer Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Spain

Author's Country/Territory: China

Manuscript submission date: 2021-11-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-15 12:48

Reviewer performed review: 2021-11-28 19:33

Review time: 13 Days and 6 Hours

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] 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	[]Yes [Y]No



Baishideng **Publishing**

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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

The article is very interesting and offers a simple and reproducible predictive scoring system to stage acute paraquat poisoning (APP). The study, although monocentric, presents a large cohort of patients (113 children). In Materials and Methods, in the "Treatment" section the authors talk about "critically ill children" but the classification of patients in non-critical, critical and extremely critical is presented in the next section "Data collection"; for this reason it is necessary to invert the two paragraphs, illustrating first "Data collection" and then "Treatment". In Materials and Methods the Authors talk about the treatment but there is no comparison between the treatment carried out and the survival rate of the patients; if it is not the subject of the study, less importance should be given to treatment. It would be interesting to evaluate the incidence of APP in the different years of study; is it ever growing as indicated in the introduction? The choice of Pediatric Critical Illness Score and not of Pediatric Early Warning Score in the discussion is interesting and well motivated. Recommendation: minor revisions



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Peer-review model: Single blind

Reviewer's code: 05845795 Position: Peer Reviewer Academic degree: PhD

Professional title: Research Fellow

Reviewer's Country/Territory: Poland

Author's Country/Territory: China

Manuscript submission date: 2021-11-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-01 19:55

Reviewer performed review: 2021-12-08 20:33

Review time: 7 Days

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

SPECIFIC COMMENTS TO AUTHORS

I have some minor but, in my opinion, important comments for the manuscript entitled "Risk factors and optimal predictive scoring system of mortality for children with acute paraquat poisoning". First of all Parakwat (PQ) is a widely used herbicide worldwide. The aim this study was to optimize a predictive scoring system for the mortality of children with APP. I searched PubMed with the string "paraquat poisoning" I find one abstract. Paraquat (PQ) is use occasionallyin in Europe, but still used in China. Paraquat poisoning is icreasing, so it is important to identify the characteristics of fatalities in children with acute PQ poisoning in order to prevent and treat future cases. In study show so that PQ to commit suicide occurred mainly in older children (≥10 years), while accidental exposure to PQ occurred mainly in younger children (<10 years). The presentation of the results and the tables are fine. The conclusion to the reader not show too much, because results of this study need to be further verified by large-sample and multicenter research.