

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 73473

Title: Percutaneous Transforaminal Endoscopic Decompression combined with Percutaneous Vertebroplasty in treatment of lumbar vertebral body metastases: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05374991 Position: Peer Reviewer Academic degree: MD

Professional title: Attending Doctor, Instructor, Research Assistant

Reviewer's Country/Territory: Syria

Author's Country/Territory: China

Manuscript submission date: 2021-11-22

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-20 09:18

Reviewer performed review: 2021-12-29 14:06

Review time: 9 Days and 4 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Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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	[]Yes [Y]No
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors reported an interesting case of minimally invasive management of an isolated lumbar metastasis in a patient with pulmonary adenocarcinoma. The abstract is concise. The title is clear. The background is short but gives a good introduction to the concept. The case is well-presented and the figures are reliable. The discussion is thorough. I only have some minor comments: 1) In the first line of the background section of the abstract, please remove the word "and" after the abbreviation (PTED). In the second line of the background, please replace the word "radiation" with "radiating". 3) The abbreviation (PTED) was explained as "Percutaneous Transforaminal Endoscopic Discectomy" in the abstract, while in the main text it was explained as "Percutaneous Transforaminal Endoscopic Decompression". Please unify the abbreviation explanation along the entire text for (PTED). I believe that you did not perform a discectomy as decompression was done through resecting a part of the vertebral body and arch. 4) The written language requires minor polishing. I suggest having it revised by someone fluent in English or a native English speaker.



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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00735081 Position: Editorial Board Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-11-22

Reviewer chosen by: Qi-Gu Yao

Reviewer accepted review: 2022-04-15 05:09

Reviewer performed review: 2022-04-25 12:28

Review time: 10 Days and 7 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 [] 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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statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

On Discussion The authors state that PVP is not effective in treating patients with sciatic and decompression of the compressed nerve root is needed. If this is only opinion of authors, they should mention the evidence of this opinion. If not only their opinion, they need to show references. The authors state that Compared with traditional open surgery, PTED has the following advantages: The symptoms of nerve root compression can be relieved with less trauma, less bleeding, and less operation time. On the other hand, the authors also state that Before surgery, arterial embolization can significantly reduce the blood supply of the tumor, decrease blood loss during the operation, make it possible to completely resect the tumor, and increase the success rate of the operation. The authors should explain which is useful for less bleeding surgery surgical technique or pre-operative embolization.