

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 74108

Title: Endovascular treatment of traumatic proximal renal artery pseudoaneurysm localized within the aortic media coexisting with a Stanford type A intramural haematoma: a case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02832130

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

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Reviewer chosen by: AI Technique

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Scientific quality	<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 Grade E: Do not publish
Language quality	<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
Conclusion	<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

Re-review	[<input checked="" type="checkbox"/>] Yes [<input type="checkbox"/>] No
Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No

SPECIFIC COMMENTS TO AUTHORS

Comments: The authors present on an adult male who presented after blunt trauma by a fallen tree with left flank pain. Investigations revealed a pseudoaneurysm arising from the proximal renal artery and Stanford type A intramural hematoma (IMH). The patient received endovascular treatment with successful exclusion of the pseudoaneurysm. A postoperative CT scan showed complete disappearance of the IMH and pseudoaneurysm. The subject of this manuscript is of value, and I have a few comments for this study:

1. Figures and Figure Legends section: There are many errors in the Figures and Figure Legends section. Some marks (asterisk, arrow, arrowhead) described in the Figure Legends do not be found in the figures. The Figure Legends of figure a and b in Figure 1 may be misplaced (reversed). The same problem exists in Figure 4 (b and c).
2. Did the IMH exist before, or after blunt trauma this time, the author should describe clearly.
3. Plain (Non-Contrast) CT images should be added to better show the IMH.
4. Whether the intimal injury of the renal artery is the entry tear of IMH, the authors should describe clearly, and show in Figure 4. The authors should discuss why IMH disappeared after renal artery stent graft implantation.
5. I feel that the terminology description of IMH, intramural blood collection and pseudoaneurysm is a bit unclear in the text. Should the author describe the definition or concept of pseudoaneurysm in the DISCUSSION section. Is the IMH or intramural blood collection in the article a pseudoaneurysm? The descriptions in the various sections below appear to be inconsistent or contradictory. Are they accurate or appropriate:

DISCUSSION section: This intramural blood collection was defined as a pseudoaneurysm with in the

hematoma of the false lumen, bounded by the media as shown in our study. Figure Legends section: Figure 3.B: The CT scan taken 45 days after injury showed that the intramural blood collection markedly decreased in size; (It seems to be described here as a pseudoaneurysm in the previous discussion section?). Figure 4. A: The intimomedial tear (yellow circle) of the proximal renal artery occurs first by trauma, leading to intramural blood collection, and finally within the intramural hematoma itself (yellow asterisk). This intramural blood collection is defined as a pseudoaneurysm (yellow arrow). B: Although the size of the pseudoaneurysm appeared to decrease..... 6. Finally, I feel that the conclusion (Endovascular treatment including stent graft placement can be an effective and safe treatment strategy for traumatic main renal artery injury) is not completely consistent with the title of the article. There is no conclusion about IMH.

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05486528

Position: Peer Reviewer

Academic degree: MD

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Author's Country/Territory: South Korea

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Language quality	<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
Conclusion	<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

Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This article has given us some insight about good treatment for type A intramural hematoma associated with renal artery injury after blunt trauma. Please add the following: 1. Did the patient have make urinalysis? Did the patient have hematuria? Kidney function test? How did the parameters change before and after treatment? 2. Are the patient's basic vital signs, such as body temperature, recorded? Did secondary infection present? How to effectively avoid the occurrence of infection? 3. How to effectively increase or ensure the stability of the stent? 4. Do you use anticoagulants? If so, how can re-bleeding be effectively avoided?

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06271151

Position: Peer Reviewer

Academic degree: FACS, MD

Professional title: Academic Fellow, Research Fellow, Surgeon

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Author's Country/Territory: South Korea

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Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Re-review	[<input checked="" type="checkbox"/>] Yes [<input type="checkbox"/>] No
Peer-reviewer statements	Peer-Review: [<input type="checkbox"/>] Anonymous [<input checked="" type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No

SPECIFIC COMMENTS TO AUTHORS

I think the title is appropriate and interesting The case description should be ruled as a trauma patient. since many data are missing such as airway, respiration, neurological cardiovascular and exposure What was the reason for requesting the tomography? For example,the patient presented associated abdominal injuries, macroscopic hematuria, peritoneal irritation. Or is it simply hospital protocol to request a tomography in trauma I think that the discussion should start because of how infrequent an aortic injury in blunt trauma and then describe the mural hematoma and, in the same way, highlight its complications when it is not treated.

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Reviewer's Country/Territory: Ghana

Author's Country/Territory: South Korea

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Language quality	<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
Conclusion	<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

Re-review	[<input checked="" type="checkbox"/>] Yes [<input type="checkbox"/>] No
Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No

SPECIFIC COMMENTS TO AUTHORS

Title. Does the title reflect the main subject/hypothesis of the manuscript? No. The subject of the case report was a traumatic proximal renal artery pseudoaneurysm localized in the aortic tunical media which was treated endovascularly. The stated title suggests the type A intramural haematoma was the subject of the case report and treatment which can be misleading. The title does not capture accurately the pathology described in the case report. The focus of the report is on the rarity of aortic intramural haematoma coexisting with a proximal renal artery pseudoaneurysm localized within the aortic tunica media and the treatment of the pseudoaneurysm with endovascular technique. A suggested title is endovascular treatment of traumatic proximal renal artery pseudoaneurysm localized within the aortic media coexisting with a Stanford type A Intramural haematoma

2 Abstract. Does the abstract summarize and reflect the work described in the manuscript? To a large extent the case summary is reflective of the whole report. the background of the abstract and its conclusion however need some more information to reflect the position of the case report The opening statement "Aortic intramural hematoma (IMH) associated with aortic branch tear after blunt trauma is rare" does not capture fully the exciting subject matter. The case of an intramurally located renal artery pseudoaneurysm is even more rare, and this is the first case report!

3 Key words. Do the key words reflect the focus of the manuscript? Yes

4 Background. Does the manuscript adequately describe the background, present status and significance of the study? Yes the statement "Recently, acute aortic syndrome (AAS) was defined as aortic dissection, IMH, and penetrating aortic ulcer (PAU)" needs a

reference. this statement "To the best of our knowledge, aortic IMH caused by aortic branch artery tear following blunt trauma has not been reported" if kept in this form adds a different interpretation to the case report. it needs to be clarified since it is at variance with the core interpretations in the case report as this seeks to suggest the source of the haematoma in the stanford A IMH in this patient is as a result of the renal injury unless the renal pseudoaneurysm is also being referred to as an IMH. if that is the case, then an additional class to the stanford or debakey's classification of aortic intramural haematoma not originating from tears in the vasa vasorum need to be considered strongly.

5 Methods. Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail? Yes. some minor additions would enhance the work

6 What are the contributions that the study has made for research progress in this field? Yes. the findings add to knowledge on the presentation of renal pseudo aneurysm, its association with aortic intramural haematoma and its treatment

7 Discussion. Does the manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly and logically? To a large extent, the findings are logically interpreted. However, some statements need more clarity. There seemed to be two proposed interpretations to the data by the authors for which a clear position need to be made, Other possible interpretations to the data exist and should be discussed by the authors against their preferred interpretation of the data. in the first paragraph of the discussion, these statements below are not clear.

"As a result, blood flow at the level of the injured proximal renal artery proceeded from the true lumen, through the interrupted origin of the renal artery, within the intramural blood collection, and finally within the intramural hematoma itself. This intramural blood collection was defined as a pseudoaneurysm within the hematoma of the false lumen, bounded by the media as shown in our study"

These statements are not logically interpretation of the

fact. "With the advent of improved technology in the last two decades, more intimomedial tears are being identified in patients with IMH. Thus, a better distinction may be that AD contains two intimomedial tears: an entry tear from the lumen into the media and a re-entry tear back into the aortic lumen. core tips Investigations revealed a pseudoaneurysm arising from the proximal renal artery Localized in the aortic media and Stanford type A IMH" A more logical analysis of the the above observation is that, with technological advancement, more patients previously misclassified as having IMH are now correctly identified as having aortic dissection. Suggesting a different definition for aortic dissection is not the most logical next step after the observation. This statement: "This tear became a natural entry site, allowing communication between the true and false lumen. As a result, blood flow at the level of the injured proximal renal artery proceeded from the true lumen, through the interrupted origin of the renal artery, within the intramural blood collection, and finally within the intramural hematoma itself. This intramural blood collection was defined as a pseudoaneurysm within the hematoma of the false lumen, bounded by the media as shown in our study." should not be made as a fact. Also the description of proposed mechanism by which the ct findings came to be is not clear. Are the findings and their applicability/relevance to the literature stated in a clear and definite manner? Is the discussion accurate and does it discuss the paper's scientific significance and/or relevance to clinical practice sufficiently? 8 Illustrations and tables. Are the figures, diagrams and tables sufficient, good quality and appropriately illustrative of the paper contents? Do figures require labeling with arrows, asterisks etc., better legends? a few minor corrections need to be made to the diagrams and suggested enhancements needed. incorrect labelling of pictures in figure 1. picture marked A is supposed to be picture marked B and vice versa. for ease of recognition, picture D in figure 1 and picture C in figure two can be juxtaposed and labelled before and after in order to ease the reader's ability to make the



**Baishideng
Publishing
Group**

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

comparism between the sizes of the aneurysm as described. Concerning figure 3, the small insert showing CT scan taken 7 days prior should be labelled as such in picture A 9 Biostatistics. Does the manuscript meet the requirements of biostatistics? N/A 10 Units. Does the manuscript meet the requirements of use of SI units? Yes 11 References. Does the manuscript cite appropriately the latest, important and authoritative references in the introduction and discussion sections? Yes Does the author self-cite, omit, incorrectly cite and/or over-cite references? No 12 Quality of manuscript organization and presentation. Is the manuscript well, concisely and coherently organized and presented? Is the style, language and grammar accurate and appropriate? Yes 13 Research methods and reporting. Authors should have prepared their manuscripts according to manuscript type and the appropriate categories, as follows: (1) CARE Checklist (2013) - Case report; (2) CONSORT 2010 Statement - Clinical Trials study, Prospective study, Randomized Controlled trial, Randomized Clinical trial; (3) PRISMA 2009 Checklist - Evidence-Based Medicine, Systematic review, Meta-Analysis; (4) STROBE Statement - Case Control study, Observational study, Retrospective Cohort study; and (5) The ARRIVE Guidelines - Basic study. Did the author prepare the manuscript according to the appropriate research methods and reporting? the care check list was used by the authors 14 Ethics statements. For all manuscripts involving human studies and/or animal experiments, author(s) must submit the related formal ethics documents that were reviewed and approved by their local ethical review committee. Did the manuscript meet the requirements of ethics? Yes . The main findings of this report is a proximal renal artery pseudo aneurysm intramurally located in the aorta coexisting with a Type A aortic intra mural haematoma successfully treated with a covered endovascular stent. The hypothesis being that blunt trauma resulted in proxima renal artery intimal tear resulting in the pseudoaneurysm located in the aortic wall. the problem was solved by ensuring the covered stent used for treatment projected into the

abdominal aorta to sufficiently cover the intimal tear and prevent type 1A endoleak. The manuscript is relevant, it adds a previously undescribed presentation of renal artery trauma to literature and its possible treatment. that intramurally located renal pseudoaneurysms can exist, and can be treated by covered stent. It can potentially expand on the classification of aortic intramural haematoma. presenting the concept that apart from tears from vasa vasorum, proximal branch artery injuries can lead to intramural haematoma. I think an important lesson to highlight is that, in proximal renal pseudoaneurysm, the covered stent placed should cover and overlap the orifice of the aneurysm. Suggesting a length of overlap similar the one used in your treatment may be a treatment technique that may produce reproducible results and should be studied. Since, a case report is an opportunity to set a hypothesis, a possible hypothesis would be that having the stent overhung the pseudoaneurysm or project slightly into the abdominal aorta by the measured length can prevent Type 1A endoleak. A possible explanation for the CT imaging findings is being proposed as such the description should be clear and without ambiguity regarding its meaning.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 74108

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02832130

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

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Scientific quality	<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
Language quality	<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
Conclusion	<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

Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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SPECIFIC COMMENTS TO AUTHORS

1. In the Figure Legend (Figure 1), the letter representing the picture should be in uppercase or lowercase (abcd or ABCD) as required by the journal. 2. The period of hematoma may be known according to the density of intramural hematoma (IMH) in CT plain scan images. A fresh hematoma or an acute hematoma appears as a slightly high-density, which is one of the signs of IMH. Later, the density of the hematoma may gradually decrease until the demarcation with the artery is unclear (at this time, plain CT scan is not helpful for the detection of IMH). It is recommended that the author should add a CT plain scan image.