



## PEER-REVIEW REPORT

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

**Manuscript NO:** 77002

**Title:** Uncontrolled high blood pressure under total intravenous anesthesia with propofol and remifentanyl: A case report

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

**Peer-review model:** Single blind

**Reviewer's code:** 05820349

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2022-04-10

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-04-19 16:21

**Reviewer performed review:** 2022-04-19 18:01

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<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
<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



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

<b>Peer-reviewer statements</b>	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**

Thank you for this interesting case report. This is my main concern regarding your manuscript: while propofol-induced hypertension is certainly a possibility in this case, it should be a diagnosis of exclusion, rather than an assumed diagnosis. There are multiple causes of severe hypertension that should have been considered before labeling this event a consequence of propofol administration. Pheochromocytoma was the only other alternative diagnosis suggested by the authors, but inadequately investigated due to a presumed low pre-test probability. Pheochromocytoma is known to cause wide fluctuations in blood pressure with normal blood pressure values in between. Another important consideration that was not discussed is thyrotoxicosis in a patient with known thyroid cancer. Pre-operative thyroid manipulation could lead to a degree of hormone release. This possibility could have been reliably excluded by measuring the thyroid hormones during the event. Undiagnosed essential hypertension is, of course, another possibility. While authors mention that the patient does not have any comorbidities, it is not clear whether this statement is based on lack of previous symptoms or lack of abnormalities on a pre-anaesthetic exam. Another comment relates to authors' conclusion that propofol increased SVR. This follows the assumption that heart rate and stroke volume remained constant while the blood pressure increased. How was the stroke volume measured? The authors do not indicate that they have used pulse contour analysis or transesophageal doppler as methods for stroke volume assessment. Finally, authors use the lack of labetalol efficacy to support their presumed diagnosis of propofol-induced hypertension. This is an inadequate conclusion. Labetalol is an alpha/beta antagonist and would cause vasodilation (vasoconstriction is the proposed



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**E-mail:** [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)  
**https://**[www.wjgnet.com](https://www.wjgnet.com)

mechanism of propofol-induced hypertension). Additionally, the 10mg dose that was used is a low dose.



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**Peer-review model:** Single blind

**Reviewer's code:** 05141533

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Assistant Professor, Doctor

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

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

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**Reviewer performed review:** 2022-04-24 07:10

**Review time:** 2 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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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<b>Peer-reviewer statements</b>	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**

No



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**Reviewer's code:** 05635503

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Doctor, Postdoc, Surgeon

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

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

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**Reviewer performed review:** 2022-04-28 11:32

**Review time:** 4 Days and 4 Hours

<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 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
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<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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### **SPECIFIC COMMENTS TO AUTHORS**

A small amount of propofol itself induces vasoconstriction then a low dose of propofol to avoid hypotension during induction could cause hypertension with tachycardia. In this case, there were several instances in which blood pressure increased following propofol administration. Although it is widely known that propofol generally reduces blood pressure, its reverse mechanism for increasing BP has not been established, and related case reports are rare. Well discussed and clearly written.