



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 77404

Title: Monitored Anesthesia Care for Craniotomy in a Patient with Eisenmenger Syndrome: A Case Report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04026023

Position: Editorial Board

Academic degree: DNB, MD

Professional title: Assistant Professor

Reviewer's Country/Territory: India

Author's Country/Territory: South Korea

Manuscript submission date: 2022-05-03

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-05-05 06:10

Reviewer performed review: 2022-05-05 06:42

Review time: 1 Hour

Scientific quality	<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 Grade E: Do not publish
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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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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

The report is interesting and well written. Few suggestions: 1. Please recheck for the language and incomplete sentences: e.g., HFNC was applied to patients with pulmonary arterial hypertension to avoid hypoxia and hypercarbia, thereby decreasing endotracheal intubation: decreased the need for intubation; . The patient was stayed in the hospital for 5 days: patient stayed at hospital... 2. reduce the abstract, all intricacies of case management are not needed 3. The dose described for dexmedetomidine is quiet high: 1mg/kg fb 0.8-1.2mcg/kg in a case where fall in myocardial contractility is not desirable. pls elaborate 4. Core tip should provide unique message from your case study. 5. Scalp block would have decreased the need for sedation drastically and excellent conditions for this case. pl explain why it was not chosen?



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Reviewer's code: 03763823

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Chief Physician, Associate Professor, Surgeon

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

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Scientific quality	<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
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SPECIFIC COMMENTS TO AUTHORS

Eisenmenger syndrome (ES) is an advanced form of pulmonary arterial hypertension. Herein, the authors describe the peri-operative management in detail. Oxygen was provided at 20 L/min with a fraction of inspired oxygen (FiO₂) of 0.95 using a high-flow nasal cannula (HFNC). MAC with dexmedetomidine and remifentanyl may be effective for craniotomy patients with ES. Monitoring of advanced hemodynamic variables allowed the patient to remain stable without the use of vasoactive agents. It is useful in clinical practice and the paper is well written. That said, the language needs re-polishing. There are some minor mistakes in discussion.