

# PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 79485

Title: How to manage isolated tension non-surgical pneumoperitonium during

bronchoscopy? A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06275221 Position: Peer Reviewer Academic degree: MD

**Professional title:** Director

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2022-08-31

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-31 10:41

Reviewer performed review: 2022-08-31 12:51

**Review time:** 2 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Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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 [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



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements

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

### SPECIFIC COMMENTS TO AUTHORS

Interesting case about Tension pneumoperitoneum during bronchoscopy. I would recommend commenting on the possibility / mechanisms of tension pneumoperitoneum during this procedure, like described in this article. https://www.ima.org.il/filesupload/IMAJ/0/53/26821.pdf Please do not use abbreviations for Pneumothorax, pneumomediastinum, tension pneumothorax. These are not standard abbreviation and makes it challenging to read the article. Conservative / non surgical management of Tension pneumoperitoneum will be successful in most case if there was no perforation of abdominal viscera. There is no enough data to suggest that every hemodynamic stable tension pneumoperitoneum can be managed conservatively / non surgically.



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Peer-review model: Single blind

Reviewer's code: 06139976 Position: Peer Reviewer

Academic degree: Doctor, MD

**Professional title:** Doctor, Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-08-31

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-09-04 22:15

Reviewer performed review: 2022-09-06 08:01

Review time: 1 Day and 9 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 [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ Y] Major revision [ ] Rejection
Re-review	[Y]Yes [ ]No



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Peer-reviewer

Peer-Review: [ ] Anonymous [Y] Onymous

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

### SPECIFIC COMMENTS TO AUTHORS

This is an excellent case report and literature review on isolated tension non-surgical pneumoperitonium during bronchoscopy. The case presentation and discussion are generally well described. I would like to make a few suggestions to make this case report and literature review better. 1 Please indicate the specific type and dose of antibiotic prescribed to the patient. Were blood or sputum culture tests performed before and after antibiotic treatment? Have you considered the possibility of COVID-19, tuberculosis or nontuberculous mycobacterial infection (NTM)? 2 The patient's vital signs considered to indicate emergency status. Was any drug therapy for hypertension or tachycardia given? Also, was intensive care unit treatment, including ventilator management, considered? 3 The authors report that PP is an rare and dangerous complication during bronchoscopy. Which patients are considered to be at higher risk? And what preparation is required when bronchoscopy is performed in these patients?



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Peer-review model: Single blind

Reviewer's code: 05077783 Position: Editorial Board Academic degree: MD, MSc

**Professional title:** Assistant Professor, Surgeon

Reviewer's Country/Territory: Brazil

Author's Country/Territory: China

Manuscript submission date: 2022-08-31

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-09-05 02:27

Reviewer performed review: 2022-09-07 22:42

Review time: 2 Days and 20 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 [ 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	[Y]Yes []No



Peer-reviewer

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Peer-Review: [Y] Anonymous [] Onymous

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

### SPECIFIC COMMENTS TO AUTHORS

The authors report a case of conservative treatment of pneumoperitoneum after a bronchoscopy. This is a very uncommon complication of this frequent procedure, and is of scientific interest. Inclusion of a table with all previously reported cases helps to contextualize this report within the medical literature. Some aspects must be addressed by the authors, however: all abbreviations must be written in full the first time the present themselves in the manuscript (RR, BP); on page 4 line 20, the authors likely meant "by inserting a gastric tube"; when it is mentioned that a drainage tube was used for abdominal decompression, more detail should be given on the type of catheter used, mode of insertion and time of permanence; on the protocol in page 14, "most likely comes from airway" better conveys the meaning meant by the authors. The most important issue that must be addressed, however, is a more detailed investigation of the pathophysiological processes underlying the occurrence of pneumoperitoneum during bronchoscopy, such as the mechanisms of gastrointestinal perforation, and how does such a significant escape of air from abdominal hollow viscus occur without peritonitis.



### RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06139976 Position: Peer Reviewer

Academic degree: Doctor, MD

**Professional title:** Doctor, Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-08-31

Reviewer chosen by: Zhen-Heng Wei

Reviewer accepted review: 2022-10-08 08:09

Reviewer performed review: 2022-10-08 08:28

Review time: 1 Hour

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
Peer-reviewer	Peer-Review: [ ] Anonymous [Y] Onymous



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statements

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

### SPECIFIC COMMENTS TO AUTHORS

The authors provided sufficient responses to the comments by the reviewers. Also, the report was sufficiently revised to reflect them.