

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 52972

Title: Extrapontine myelinolysis caused by the rapid correction of pituitrin-induced severe hyponatremia: A case report and review of the literature

Reviewer's code: 03604107

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor

Reviewer's country: Albania

Author's country: China

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Reviewer chosen by: Jin-Lei Wang

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Reviewer performed review: 2019-12-17 17:30

Review time: 2 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input checked="" type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The paper is very interesting; however some improvements are necessary. Some parts (see below) are awkwardly described: authors, as treating clinicians, describe symptoms - than treatment - than overcoming symptoms - than treatment - further complications.... it seems more like a syndrome of the Alice in the wonderland: We stopped pituitrin therapy on day 5 since we considered pituitrin to be the main cause of his severe hyponatremia. However, on day 6, a sharp increase in the level of sodium (from 119 to 137 mmol/L, ΔNa^+ 18 mmol/L, serum osmolality of 288 mOsm/kg) was detected unexpectedly (Figure 1), accompanied by an obviously elevated urine output from 0.9 L to 2.1 L (Table 1). We stopped the hypertonic saline solution immediately. However, on the seventh day of admission, the patient developed sudden-onset generalized tonic-clonic seizures. Please re-formulate the above paragraph: you cannot be astonished with what happens to your patient once and again, without foreseeing things. Also, please do not use rare or exotic terms: hypermyotonia (replace with: exaggerated muscular tone) naupathia (??? I have never seen this term in any medical article) When you say "The serum C-reactive protein was slightly elevated at 1.0 mg/dL"; please MENTION NORMAL RANGES OF YOUR LABORATORY.

INITIAL REVIEW OF THE MANUSCRIPT

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