

# PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine

Manuscript NO: 75274

Title: Cardiac arrest due to massive aspiration from a broncho-esophageal fistula: A case

report

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04027303 Position: Editorial Board

Academic degree: Doctor, MBBS, MD

Professional title: Assistant Professor, Doctor, Instructor, Teacher

Reviewer's Country/Territory: India

Author's Country/Territory: United States

Manuscript submission date: 2022-01-20

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-21 07:33

Reviewer performed review: 2022-02-21 10:33

Review time: 2 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ Y] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ Y] 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: [Y] Anonymous [] Onymous

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

# SPECIFIC COMMENTS TO AUTHORS

When acute, an BPF can be life-threatening due to tension pneumothorax or asphyxiation from pulmonary flooding, kindly add chest X-ray at the time of diagnosis of BEF. This line needs explanation mentioning about the volume (ml) of output leading to massive aspiration. Explain in brief the methods have been used to diagnose bronchopleural fistulas BPFs and TEF. Kindly mention the incidence of cardiopulmonary arrest due to massive aspiration through a BEF. Kindly mention the time of development of BPF with proper literature in the discussion part. In discussion kindly mention in various brief points not in a favour that BPF may also occur after suppurative pneumonia, massive pulmonary infarction, or spontaneously.



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Reviewer's code: 05104705 Position: Peer Reviewer Academic degree: MD

**Professional title:** Surgeon

Reviewer's Country/Territory: China

Author's Country/Territory: United States

Manuscript submission date: 2022-01-20

Reviewer chosen by: Xin Liu

Reviewer accepted review: 2022-03-11 10:07

Reviewer performed review: 2022-03-11 11:53

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
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Re-review	[ ]Yes [Y]No



Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous
statements	Conflicts-of-Interest: [ ] Yes [ Y] No

## SPECIFIC COMMENTS TO AUTHORS

This is a very meaningful case that deserves to be learned.



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Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05031867 Position: Peer Reviewer Academic degree: MD

**Professional title:** Associate Professor

Reviewer's Country/Territory: China

**Author's Country/Territory:** United States

Manuscript submission date: 2022-01-20

Reviewer chosen by: Xin Liu

Reviewer accepted review: 2022-03-16 03:56

Reviewer performed review: 2022-03-19 05:05

**Review time:** 3 Days and 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ Y] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ Y] Grade A: Priority publishing [ ] 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
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

This paper reported a patient who developed broncho-esophageal fistulas after ingestion of drain cleaner substance, new traceoesophageal fistula was revealed after 17 weeks. The reader dire authors presented the with the natural history of trachea-broncho-esophageal fistulas and its delayed progression. At the same time, the authors suggested that close monitoring of the gastrointestinal tract patency and motility is critical to avoid gastric distention and large aspiration events. This article has certain clinical significance. However, there is an error in Figure 3, that is, 4A-4E should be 3A-3E.