



PEER-REVIEW REPORT

Name of journal: World Journal of Anesthesiology

Manuscript NO: 37415

Title: Change in Management of Predicted Difficult Airways following Introduction of Video Laryngoscopes

Reviewer's code: 00041963

Reviewer's country: Turkey

Science editor: Fang-Fang Ji

Date sent for review: 2017-12-05

Date reviewed: 2017-12-08

Review time: 3 Days

Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, SCIENTIFIC MISCONDUCT, CONCLUSION. It lists various criteria like Grade A, B, C, D, E and checks for plagiarism and duplicate publications.

COMMENTS TO AUTHORS

1. Introduction section is too long. The part which starts "The Cochrane Library comprehensively reviewed.....predicted difficult intubations is lacking." should replace to discussion section. 2. For all tables and figures, bottom of each them the authors should add which test was used to calculate P level.



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PEER-REVIEW REPORT

Name of journal: World Journal of Anesthesiology

Manuscript NO: 37415

Title: Change in Management of Predicted Difficult Airways following Introduction of Video Laryngoscopes

Reviewer's code: 02484487

Reviewer's country: Saudi Arabia

Science editor: Fang-Fang Ji

Date sent for review: 2017-12-05

Date reviewed: 2017-12-09

Review time: 4 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [Y] Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> [Y] Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> [] High priority for publication
<input type="checkbox"/> [Y] Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> [] Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> [] Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> [Y] No	<input type="checkbox"/> [] Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> [Y] No	

COMMENTS TO AUTHORS

No comments. Although its retrospective but good effort



PEER-REVIEW REPORT

Name of journal: World Journal of Anesthesiology

Manuscript NO: 37415

Title: Change in Management of Predicted Difficult Airways following Introduction of Video Laryngoscopes

Reviewer's code: 02488399

Reviewer's country: Serbia

Science editor: Fang-Fang Ji

Date sent for review: 2017-12-05

Date reviewed: 2017-12-10

Review time: 5 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

This study gives valuable data about new modalities of managing difficult airway. It is well written and concise. Therefore, it is highly recommended for the publishing.



PEER-REVIEW REPORT

Name of journal: World Journal of Anesthesiology

Manuscript NO: 37415

Title: Change in Management of Predicted Difficult Airways following Introduction of Video Laryngoscopes

Reviewer's code: 00526025

Reviewer's country: Japan

Science editor: Fang-Fang Ji

Date sent for review: 2017-12-05

Date reviewed: 2017-12-11

Review time: 6 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

The study is important for anesthesiologists. I think the manuscript needs drastic amendment. You need to clearly state your policy to secure difficult airways. What was your first method of securing the difficult airway? How did you train your residents to secure the airway in difficult airway? Complication of airway management is very important to evaluate airway management. You need to show complications in each method of airway management. END



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PEER-REVIEW REPORT

Name of journal: World Journal of Anesthesiology

Manuscript NO: 37415

Title: Change in Management of Predicted Difficult Airways following Introduction of Video Laryngoscopes

Reviewer's code: 00529915

Reviewer's country: Ireland

Science editor: Fang-Fang Ji

Date sent for review: 2017-12-05

Date reviewed: 2017-12-14

Review time: 9 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
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<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

Dear Authors You deserve congratulation on presenting the data in organized and succinct manner. These are retrospective data and hence falls in the category of weak data. Although you have performed regression analysis but still some confounders have not been accounted for e.g. the expertise and the level of experience of operators/anesthetists in the techniques. This can lead to a bias the technique an anesthetist will be choosing for the given challenge of intubation. These data a specific for a given institution and may not be universally applicable. However the method of answering the scientific question is reasonable. I shall recommend: 1. Concise your discussion section by applying the following format: a. Give main findings. b. Contemporary few studies supporting your findings and those which contradict your findings, not more than 2 references from each side. c. Strength of your studies d.



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Weakness of your studies e.g. retrospective data, institutional specific data, confounding such as unaccounted expertise of the operators. e. Future directions and conclusions