

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

**Answer:** On behalf of my co-authors, we thank you very much for giving us an opportunity to revise our manuscript, we appreciate editor and reviewers very much for their positive and constructive comments and suggestions on our manuscript entitled "Delayed Cardiac Tamponade Diagnosed by Point-of-care ultrasound in a neonate after PICC placement: A case report". Revised portion are highlighted in red.

Specific Comments to Authors: This paper reported a relatively serious complication caused by nutritional treatment of PICC neonates, pericardial tamponade. The author described in detail the general condition of the patients, ultrasound diagnosis and puncture treatment, and the final prognosis was good. Through case report and analysis, it seems suggested that precise tips positioning should be carried out for PICC operations. If serious cardiac symptoms would be observed in the treatment process, POCUS should be applied timely to find delayed cardiac tamponade. It is recommended that the editor accept the paper after it be revised carefully.

1. It was mentioned in the article that the X-ray examination results after PICC operation showed that the catheter tip entered the right atrium. Due to the small right atrium of neonates, thin atrial wall and fast heart rate, continuous mechanical stimulation of catheter tip may even puncture the atrium. It is suggested that this paper discuss the causes of pericardial effusion based on the components of pericardial effusion extracted by puncture, whether pericardial stimulation or cardiac perforation leads the serious complication.

**Answer:** Thank you for your valuable suggestions. We have revised in discussion:

*"We speculated that the cardiac tamponade may be caused by repeated motion friction at the tip of the PICC. The X-ray examination results after PICC operation showed that the catheter tip entered the right atrium. Due to the small right atrium of neonates, thin atrial wall and fast heart rate, continuous mechanical stimulation of catheter tip might even puncture the atrium. In our case, the TPN was verified by detecting the composition of the extracted creamy white fluid, which confirmed our suspicions."*

2 Catheter tip over deep position is the important cause of this complication, it is suggested that X-ray result was added in the paper. Discussion could suggest more accurate positioning technology from recent references such as PICC tip EKG positioning to prevent the catheter inserted into the right atrium.

**Answer:** We appreciate the reviewers' attention to the flaws of our text. We have revised as follows:

*"In fact, previous study had reported that tip location was one of independent risk factors of PICC-related complication. Therefore, it was essential to check the tip location of post-PICC placement and daily review its function."*

The X-ray result was added in the paper. (Fig. 2)

3 The author believes that the better prognosis is due to the target treatment after ultrasound diagnosis. The description of target treatment may be described as etiological treatment or aetiologic therapy, the removal of tamponade based on the accurate diagnosis of POCUS.

**Answer:** This is a valuable suggestion. We have revised in discussion:

*“When pericardial tamponade was diagnosed by POCUS, an emergency pericardiocentesis under the guide of ultrasound was conducted and the symptoms of cardiac compression were relieved immediately after the removal of tamponade.”*

#### 4 LANGUAGE QUALITY

Please resolve all language issues in the manuscript based on the peer review report. Please be sure to have a native-English speaker edit the manuscript for grammar, sentence structure, word usage, spelling, capitalization, punctuation, format, and general readability, so that the manuscript's language will meet our direct publishing needs.

**Answer:** We have a native-English speaker edit the manuscript for grammar, and the certification has been uploaded. (File name: 54104-Non-Native Speakers of English Editing Certificate)

#### 5 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) Science editor: 1 Scientific quality: The manuscript describes a case report of delayed cardiac tamponade diagnosed by point-of-care ultrasound in a neonate after PICC placement. The topic is within the scope of the WJCC. (1) Classification: Grade B; (2) Summary of the Peer-Review Report: This paper reported a relatively serious complication caused by nutritional treatment of PICC neonates, pericardial tamponade. The author described in detail the general condition of the patients, ultrasound diagnosis and puncture treatment, and the final prognosis was good. Through case report and analysis, it seems suggested that precise tips positioning should be carried out for PICC operations. If serious cardiac symptoms would be observed in the treatment process, POCUS should be applied timely to find delayed cardiac tamponade; and (3) Format: There is 1 figure. A total of 5 references are cited, including 2 references published in the last 3 years. There are no self-citations. 2 Language evaluation: Classification: Grade B. A language editing certificate issued by MedE was provided. 3 Academic norms and rules: The authors provided the written informed consent and CARE Checklist–2016.

**Answer:** Thank you for your valuable comments for our manuscript entitled “Delayed Cardiac Tamponade Diagnosed by Point-of-care ultrasound in a neonate after PICC placement: A case report”. We have studied the comments carefully and made correction which we hope to meet with approval.

Please provide the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement. No academic misconduct was found in the CrossCheck detection and Bing search.

**Answer:** We have signed Conflict-of-Interest Disclosure Form and uploaded (File name: 54104-Conflict-of-Interest Disclosure Form).

4 Supplementary comments: This is an unsolicited manuscript. The corresponding author has one published article in the BPG.

**Answer:** Exactly.

5 Issues raised:

(1) I found no "Author contribution" section. Please provide the author contributions;

**Answer:** The Author contribution has been provided.

*"Author contributions: Cui Y and Liu K gathered medical records of the patient; Cui Y, Liu K and Peng L wrote the paper; Luan LM helped editing the language." (Title page)*

(2) I found the authors did not add the PMID in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout;

**Answer:** We have provided the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references.

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(4) The author should number the references in Arabic numerals according to the citation order in the text. The reference numbers will be superscripted in square brackets at the end of the sentence with the citation content or after the cited author's name, with no spaces.

**Answer:** We have revised.

6 Re-Review: Required.

**Answer:** Thanks.

7 Recommendation: Conditionally accepted.

**Answer:** Thanks.

(2) Editorial office director: I have checked and revised the comments written by the science editor.

**Answer:** Thanks.

(3) Company editor-in-chief: I have reviewed the Peer-Review Report, the full text of the manuscript, the relevant ethics documents, and the English Language Certificate, all of which have met the basic

publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

**Answer: Thanks.**

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Please click and download the Format for authorship, institution, and corresponding author guidelines, and further check if the authors names and institutions meet the requirements of the journal.

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### Step 3: Abstract, Main Text, and Acknowledgements

(a) Guidelines for revising the content: Please download the guidelines for Original articles; Review articles; and Case report articles for your specific manuscript type (Case Report) at: <https://www.wjgnet.com/bpg/GerInfo/291>. Please further revise your manuscript according to the guidelines for revising the content.

**Answer: We have revised our manuscript according to the guidelines for revising the content.**

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**Answer: Not applicable. Our manuscript is a case report.**

### Step 4: References

**Answer: The format of references has been revised.**

#### Step 5: Footnotes and Figure Legends

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(b) Requirements for tables: Please provide decomposable Tables (whose parts are all movable and editable), organize them into a single Word file, and submit as “54104-Tables.docx” on the system. The tables should be uploaded to the file destination of “Table File”.

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