

PEER-REVIEW REPORT

Name of journal: World Journal of Orthopedics

Manuscript NO: 63485

Title: Far Lateral Lumbar Disc Herniation. Part1: Imaging, Neurophysiology and

Clinical Features

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04084924 Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Chief Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Italy

Manuscript submission date: 2021-01-29

Reviewer chosen by: Jin-Lei Wang

Reviewer accepted review: 2021-08-01 12:48

Reviewer performed review: 2021-08-08 08:28

Review time: 6 Days and 19 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Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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



Baishideng **Publishing**

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA

Telephone: +1-925-399-1568 **E-mail:** bpgoffice@wjgnet.com

https://www.wjgnet.com

Peer-reviewer statements

Peer-Review: [Y] Anonymous [] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

This is a well written paper. The authors showed that the imaging, neurophysiology, and clinical features of far lateral lumbar disc herniaton (FFLH) in detail, I have some comments. 1. The schematic drawing of relationship between dural sac and nerve roots of disc herniations in different axial location should be added. 2. The clinical presentation should be described in more detail, including the area of radicular pain, the special position that result aggravation or mitigation, the natural course of FFLH. 3. The classification of FFLH in CT or MRI should be described and the figure of each classification also should be added.



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Reviewer's code: 02281177 Position: Editor-in-Chief Academic degree: MD, PhD

Professional title: Chief Doctor, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Italy

Manuscript submission date: 2021-01-29

Reviewer chosen by: Jin-Lei Wang

Reviewer accepted review: 2021-08-05 04:00

Reviewer performed review: 2021-08-15 04:22

Review time: 10 Days

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 [] 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

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

SPECIFIC COMMENTS TO AUTHORS

On the whole, the manuscript is well written. Some statements and contents need to be modified: In EPIDEMIOLOGY AND CLINICAL PRESENTATION section: 1. The sentence "FLLDH usually migrate cranially, following the concavity of the dorsolateral aspect of the vertebral body and cause compressive radiculopathy by impinging on the root and dorsal root ganglion from below."is puzzling and should be deleted. Then, the following content is directly connected with the previous paragraph. 2. (e.g. in the case of a paramedian L4-L5 herniation, the L4 root) The word "paramedian" in parentheses should be changed to far lateral. 3. "Foraminal and intra-extraforaminal" should be changed to Introforaminal and extraforaminal. In DIAGNOSTIC IMAGING section: 1."cannot not" should delete word "not". 2. word "Hosteophytes" should be osteophytes. 2. Those parameters should be deleted in this paragraph." A dedicated MR protocol includes sagittal sections, from L1 to S1, T1 spin-echo (slice thickness 3 to 4 mm RT 600 ms, ET 8 ms; FOV 300 x 160 mm) and T2 fast- spinecho (slice thickness 3 to 4 mm RT 3500 ms, ET 100 ms; FOV 300 x 160 mm), T2 weighted fast-spin-echo axial sections (slice thickness 3 to 4 mm RT 4000 ms, ET 120 ms; FOV 200 x 200 mm) parallel to intersomatic discs and T2 weighted fast-spin-echo paracoronal sections from L1 to S1 (slice thickness 4 mm RT 3500 ms, ET 100 ms: FOV 300 x 160 cm)" In NEUROPHYSIOLOGY section: Neuroelectrophysiology is not important in the diagnosis of extreme lateral lumbar disc herniation. This section is a little too much. I suggest refining it.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02281177 Position: Editor-in-Chief Academic degree: MD, PhD

Professional title: Chief Doctor, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Italy

Manuscript submission date: 2021-01-29

Reviewer chosen by: Ji-Long Wang (Online Science Editor)

Reviewer accepted review: 2021-11-10 09:55

Reviewer performed review: 2021-11-10 10:13

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: [Y] Anonymous [] Onymous



statements

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

SPECIFIC COMMENTS TO AUTHORS

Congratulate! The author has thoroughly revised this manuscript based on the reviewers' comments, and I agree to accept this manuscript.