



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 71400

Title: Epidural Blood Patch for Spontaneous Intracranial Hypotension with Subdural Hematoma: A case report and review of literature

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03891054

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: South Korea

Manuscript submission date: 2021-09-07

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-09-07 14:50

Reviewer performed review: 2021-09-09 14:33

Review time: 1 Day and 23 Hours

Scientific quality	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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SPECIFIC COMMENTS TO AUTHORS

Dear Author! Congratulations with a nice Case Report! In my view there could be some small improvements in the submission. Who was performing the surgery-qualification of the surgeon. If possible, authors can discuss the pathophysiology of EBP and related complication.



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Reviewer’s code: 05446731

Position: Peer Reviewer

Academic degree: FACC, FACP, FAHA, FESC, MD, PhD

Professional title: Director

Reviewer’s Country/Territory: Japan

Author’s Country/Territory: South Korea

Manuscript submission date: 2021-09-07

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-09-07 05:26

Reviewer performed review: 2021-09-12 21:32

Review time: 5 Days and 16 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

This case presentation seems to be interesting. #1 The arrows in the figures are difficult to understand, so the authors had better use easy-to-understand arrows. #2 Figures B and E in Fig. 3 are too small to understand. The authors had better enlarge them a little more to make them easier to understand.



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Reviewer's code: 04165525

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: South Korea

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Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-09-13 05:21

Reviewer performed review: 2021-09-15 23:03

Review time: 2 Days and 17 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input checked="" type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

In this manuscript, the authors present a case of SDH after spontaneous C1/2 CSF leak treated with targeted EBP. This is an interesting report in which targeted EBP was used in a patient with C1/2 CSF leak and SDH. However, there are a lot of inappropriate terms, vocabulary mismatch, ambiguous expressions, misinterpretations, and incorrect figure legends, especially with regard to imaging. For example, 1) Introduction The sentence “Magnetic resonance (MR) myelogram with iodinated contrast is an important diagnostic tool for detecting the leakage site of CSF [10]” seems inappropriate. The most commonly used contrast materials in MRI and CT are gadolinium-based contrast agents and iodinated contrast agents, respectively. Thus, “iodinated contrast” should be revised to “gadolinium-based contrast agent”. Furthermore, according to the reference [10], MR myelography was performed without gadolinium-based contrast agents as in your study.

2) Fig. 2 The authors have to show which MR sequence was used in Fig. 2A and 2B. I think Fig.2A demonstrates non-contrast T2-weighted imaging because of high signal in CSF. If so, “dural enhancement” is an inappropriate term since a gadolinium-based contrast agent was not administered. Fig. 2B probably shows contrast-enhanced T1-weighted imaging since vessels exhibit high signal probably caused by a gadolinium-based contrast agent. I think the arrowheads indicate the superior sagittal sinus, not dural enhancement, because this structure seems to connect with the straight sinus. Moreover, the arrowheads show the hyperintense structure within the upper part of occipital bone, not in the posterior fossa. 3) Introduction “SDH is a common radiographic manifestation of SIH, occurring in 50% of patients [15]” is not a correct sentence because the authors did not differentiate SDH from subdural hygroma.



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According to the reference [15], subdural fluid collections consisted of subdural hygromas and SDHs. 50% (20/40) of patients had subdural fluid collections: of these patients, 60% (12/20) had subdural hygromas alone, while 40% (8/20) subacute to chronic SDHs. 4) Conclusion The authors concluded that targeted EBP was an effective method of treatment for SDH in a patient with spontaneous C1/2 leak. The patient's headache improved, and the amount of CSF leakage was reduced after targeted EBP. However, "improvement of SDH" was not mentioned in the main text, or not shown in Figures. Headache can be caused by not only SDH but also CSF leak alone. It remains unknown whether improvement of headache was achieved by improvement of SDH or by improvement of CSF leak with unchanged SDH. If the authors aim to conclude that targeted EBP was effective for SDH, "improvement of SDH" should be clarified. There are other corrections that need to be made. This manuscript has to be checked by imaging specialists such as radiologists. I hope these comments will be helpful.