

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 86977

Title: Emphysematous thrombophlebitis caused by a misplaced central venous catheter:
A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02445854

Position: Editorial Board

Academic degree: MD

Professional title: Doctor, Research Assistant Professor

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2023-07-18

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-07-18 16:26

Reviewer performed review: 2023-07-18 17:03

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" 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 Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
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
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

SPECIFIC COMMENTS TO AUTHORS

This case is interesting. These are my comments: Line 80: How many days before being transferred to your hospital? Line 98: It's unclear to what "symptom onset" is referred, i.e., to symptoms that were present at your hospital or to the symptoms that the patient presented when he was admitted to the local hospital? Please modify. Line 99: typo mistake. Line 107: typo mistake. Line 109: It is stated that CT scan was not performed due to the critical state (line 103). When was this CT scan obtained? Soon after? Please clarify. Line 111: was this the initial diagnosis or the definitive diagnosis? Please clarify. Line 166: typo mistake.

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Reviewer's code: 00502802

Position: Peer Reviewer

Academic degree: DNB, FCCP, MBBS

Professional title: Director, Doctor

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2023-07-18

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-07-29 13:08

Reviewer performed review: 2023-07-30 07:21

Review time: 18 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" 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
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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

SPECIFIC COMMENTS TO AUTHORS

I read with great interest the case report entitled “Emphysematous thrombophlebitis caused by a misplaced central venous catheter: A case report”. The case is well presented but I have a few suggestions

1. History of past illness: Was the patient diabetic? It is more common in diabetics, hence pls mention it.
2. Physical examination: How was the diagnosis of septic shock made? Pls mention the lactate levels
3. Laboratory examination: What were the renal function parameters? As the patient was in shock, and was also given vancomycin, which is nephrotoxic, it is important to know the KFT.
4. Treatment: Please mention the sensitivity pattern for *Staphylococcus cohnii*
5. Discussion: Please revise the following statement “We suggest that the relatively slow of the blood flow in the IJV may contribute to CRT in this patient.”
6. Discussion: “The most common causative pathogen for CVC-BSI is *Staphylococcus*(3),...” Please mention the other pathogens which may cause a similar picture.
7. Discussion: Would recommend using some recent guidelines like doi: 10.5005/jp-journals-10071-G23183
8. Figure 2: May be omitted as it offers no new information
9. Some grammatical and typographical errors need correction.

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Peer-review model: Single blind

Reviewer's code: 03287313

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2023-07-18

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-07-30 10:40

Reviewer performed review: 2023-07-30 10:54

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" 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
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	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This is a very well-written and interesting paper. It is educational and the findings are important and relevant. The writing is clear and concise. Why do you think the catheter is misplaced? Either the subclavian (where it was inserted) or the internal jugular (where it was found) are both acceptable. Did you use imaging when inserting the catheter initially? Line 67. This may be a small and insignificant point but occasionally emphysematous thrombophlebitis is iatrogenic. Every time interventional radiology injects a substance to obstruct peripheral bleeding. Also, when spaces (abscesses, cavities, vessels) are irrigated there is the risk. I am not sure this should even be mentioned in the paper though. Line 151. You note.... neurological rehabilitation treatment.... But what were his neurological deficiencies and were any related to the thrombophlebitis or all to the stroke?