



# BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

http://www.wjgnet.com

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Orthopedics

**ESPS manuscript NO:** 32730

**Title:** Emergent reintubation following elective cervical surgery: A Case Series

**Reviewer's code:** 00505427

**Reviewer's country:** United States

**Science editor:** Xiu-Xia Song

**Date sent for review:** 2017-01-21 21:29

**Date reviewed:** 2017-02-12 06:17

| CLASSIFICATION   | LANGUAGE EVALUATION  | SCIENTIFIC MISCONDUCT                          | CONCLUSION   |
|--|--|--|--|
| <input checked="" type="checkbox"/> Grade A: Excellent | <input checked="" type="checkbox"/> Grade A: Priority publishing     | Google Search:                                 | <input checked="" 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 checked="" type="checkbox"/> No         | <input type="checkbox"/> Minor revision                |
| <input type="checkbox"/> Grade E: Poor                 |  | BPG Search:                                    | <input type="checkbox"/> Major revision                |
|  |  | <input type="checkbox"/> The same title        |  |
|  |  | <input type="checkbox"/> Duplicate publication |  |
|  |  | <input type="checkbox"/> Plagiarism            |  |
|  |  | <input checked="" type="checkbox"/> No         |  |

### COMMENTS TO AUTHORS

The authors are to be congratulated for the case review on emergent re-intubation after cervical surgery from a series of 880 patients who received anterior - or combined anterior-posterior cervical surgery from 2008-2013 and the comprehensive literature review. This review is important and enlightening in the view of the increasing cervical outpatient surgeries in Ambulatory Surgery Centers.



# BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

http://www.wjgnet.com

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Orthopedics

**ESPS manuscript NO:** 32730

**Title:** Emergent reintubation following elective cervical surgery: A Case Series

**Reviewer's code:** 03069301

**Reviewer's country:** Spain

**Science editor:** Xiu-Xia Song

**Date sent for review:** 2017-01-21 21:29

**Date reviewed:** 2017-02-12 18:17

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

### COMMENTS TO AUTHORS

The authors present a detailed paper on reintubation after cervical surgery. This is an important issue as reintubation frequency is in literature less than 1% of the cases. They give valuable information of the seven cases in several tables, combining that important information with a very concise paper, ending in useful conclusions. Therefore I consider this is a very interesting, well-written and succinct paper.

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Orthopedics

**ESPS manuscript NO:** 32730

**Title:** Emergent reintubation following elective cervical surgery: A Case Series

**Reviewer's code:** 00526025

**Reviewer's country:** Japan

**Science editor:** Xiu-Xia Song

**Date sent for review:** 2017-01-21 21:29

**Date reviewed:** 2017-02-22 13:32

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

### COMMENTS TO AUTHORS

The authors report nine patients who needed emergency airway management out of 880 who underwent cervical surgery at their department. The report is important for every physician because knowledge of airway obstruction after cervical surgery/injury can avoid preventable deaths. Statistical analyses of many patients who develop a given complication after surgery is important to know who tends to develop a given complication. However, as your findings show that airway compromise after cervical surgery occurred even in younger patients and at hours ranging from one to ten hours after surgery. This would mean that airway compromise after cervical surgery cannot be predictable by statistics. Every patient is not immune to airway compromise after cervical surgery. It is essential for every physician to know early symptoms and signs of airway compromise after cervical surgery/injury to prepare impending airway obstruction. I would recommend the authors describe early symptoms and signs of impending airway compromise in more detail after cervical surgery. Authors' patients were fortunate to be successfully intubated. It would be much informative if you would describe the methods of airway management, i.e., oro- or nasotracheal intubation, or tracheostomy. If you secured the airway by oro- or naso-tracheal intubation, was it



## BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)

<http://www.wjgnet.com>

---

easy or not? Who managed the airways of the patients? Specific comments: As you describe "Introduction" in one paragraph, it is not easy to read through. I would recommend the authors divide "Introduction" into a few paragraphs. Page 7 You write "Five patients were kept intubated..." Your Table 3 says that the tracheas of four patients were intubated after surgery. Which is correct? I am keen to know your criteria of extubation after emergency airway management of the patients. Did you confirm regression of pharyngeal/laryngeal edema by fiberscopy? Discussion The authors thought that the trachea was compressed by hematoma. Can hematoma compress the rigid trachea? I would recommend the authors read through two papers listed below. 1. Wade JSH: Respiratory obstruction in thyroid surgery. *Ann R Coll Surg Engl* 1980; 62: 15-24. 2. Wells DG1, Zelcer J, Wells GR, Sherman GP: A theoretical mechanism for massive supraglottic swelling following carotid endarterectomy. *Aust N Z J Surg* 1988; 58: 979-81. END



**ESPS PEER-REVIEW REPORT**

**Name of journal:** World Journal of Orthopedics

**ESPS manuscript NO:** 32730

**Title:** Emergent reintubation following elective cervical surgery: A Case Series

**Reviewer’s code:** 01436637

**Reviewer’s country:** United States

**Science editor:** Xiu-Xia Song

**Date sent for review:** 2017-01-21 21:29

**Date reviewed:** 2017-02-27 03:24

| 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 checked="" type="checkbox"/> Rejection          |
| <input checked="" type="checkbox"/> Grade E: Poor |  | <input checked="" type="checkbox"/> No         | <input type="checkbox"/> Minor revision                |
|   |  | BPG Search:                                    | <input type="checkbox"/> Major revision                |
|   |  | <input type="checkbox"/> The same title        |  |
|   |  | <input type="checkbox"/> Duplicate publication |  |
|   |  | <input type="checkbox"/> Plagiarism            |  |
|   |  | <input checked="" type="checkbox"/> No         |  |

**COMMENTS TO AUTHORS**

ESPS Manuscript NO: 32730 Dear Lian-Sheng Ma: I have reviewed Schroeder et al’s manuscript “Emergent reintubation following elective cervical surgery: A case series”. The authors review cases of emergent reintubation after cervical surgery. Nine patients (1.02%) required emergent reintubation in 880 patients received anterior- or combined anterior-posterior cervical surgery from 2008-2013. They concluded that respiratory compromise is a rare but potentially life threatening complication following cervical surgery. Patients at increased risk should be monitored closely for extended periods of time post-operatively. **GENERAL COMMENTS** (1) The importance of the research and the significance of the research contents; (2) The novelty and innovation of the research; (3) Presentation and readability of the manuscript; and (4) Ethics of the research. As authors stated that patients at increased risk should be monitored closely for extended periods of time post-operatively. The question is that how do you identify which patients are at increased risk. Only risk factors are identified, the patients at increased risk then could be monitored closely for extended periods of time post-operatively. This manuscript provides no novel knowledge for clinical practice.