



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 47512

Title: Propofol pump controls nonconvulsive status epilepticus in hepatic encephalopathy patients: A case report

Reviewer’s code: 00006208

Reviewer’s country: France

Science editor: Jia-Ping Yan

Reviewer accepted review: 2019-06-03 19:11

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Review time: 2 Days and 22 Hours

| SCIENTIFIC QUALITY | LANGUAGE QUALITY | CONCLUSION | PEER-REVIEWER STATEMENTS |
|---|---|--|---|
| <input type="checkbox"/> Grade A: Excellent | <input type="checkbox"/> Grade A: Priority publishing | <input type="checkbox"/> Accept | Peer-Review: |
| <input type="checkbox"/> Grade B: Very good | <input checked="" type="checkbox"/> Grade B: Minor language | (High priority) | <input checked="" type="checkbox"/> Anonymous |
| <input checked="" type="checkbox"/> Grade C: Good | polishing | <input type="checkbox"/> Accept | <input type="checkbox"/> Onymous |
| <input type="checkbox"/> Grade D: Fair | <input type="checkbox"/> Grade C: A great deal of | (General priority) | Peer-reviewer’s expertise on the |
| <input type="checkbox"/> Grade E: Do not | language polishing | <input checked="" type="checkbox"/> Minor revision | topic of the manuscript: |
| publish | <input type="checkbox"/> Grade D: Rejection | <input type="checkbox"/> Major revision | <input type="checkbox"/> Advanced |
| | | <input type="checkbox"/> Rejection | <input checked="" type="checkbox"/> General |
| | | | <input type="checkbox"/> No expertise |
| | | | Conflicts-of-Interest: |
| | | | <input type="checkbox"/> Yes |
| | | | <input checked="" type="checkbox"/> No |

SPECIFIC COMMENTS TO AUTHORS

Strong points: This Clinical case highlights a serious and underestimated neurological complication (NCSE) involving cirrhotic patients in ICU with impaired consciousness associated or not with hepatic encephalopathy The clinical case is very well written, well



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documented The role of the EEG and better the continuous monitoring of the EEG is well explained The importance of multidisciplinary care is also clearly exposed Finally, and the proposal is not widespread in the literature, the use of propofol as an antiepileptic drug is a key point of this case description (benefits (safety in case of liver failure) and risks if prolonged treatment are underlined) There are few case reports in the literature and this latter, which is particularly well described, alerts the hepatologist or the emergency physician to the importance of systematically keeping this diagnosis in mind, the therapeutic consequences being essential To be improved: the discussion -If the diagnosis of NCSE can be ignored, it may be wrongly done: myoclonic movements may have non-epileptic origins -It is necessary to pay close attention to the interpretation of the EEG and it may be difficult to distinguish EEG records associated with a severe non-epileptic encephalopathy and a NCSE. The features that may help are clarified in Rudler 's paper (PMID:28092846) and features helping the distinction could be mentioned. When seizures or status epilepticus in the setting of HE are subclinical and may not be initially recognized and could stay unrecognized without continuous EEG, some findings on MRI are suggested to be useful (PMID:28791561 Newey et al Neurocrit care)

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- The same title
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