



PEER-REVIEW REPORT

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Manuscript NO: 53450

Title: Cerebral venous sinus thrombosis following trans-sphenoidal surgery for craniopharyngioma: a case report

Reviewer’s code: 05184995

Position: Peer Reviewer

Academic degree: PhD

Professional title: Professor

Reviewer’s country: Australia

Author’s country: China

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Reviewer chosen by: Jin-Zhou Tang

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Review time: 1 Day and 21 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 type="checkbox"/> Grade B: Minor language	(High priority)	<input 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 checked="" 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 type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" 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



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SPECIFIC COMMENTS TO AUTHORS

Reviewers Comments General Comments: This is an interesting case report reporting a novel complication of transphenoidal surgery but has a number of key issues to be addressed. 1. Direction of the manuscript – The manuscript is too long and jumps too much between a range of different topics. My suggestion is to simplify the case presentation and discussion down to focus on the event of the CVST and the predisposing factors. 2. Investigation – Given that the patients son had a CVST was there a thrombophilia screen done? If the patient did have a genetic predisposition the multifactorial explanation of the reasons behind the CVST may be supercilious. Did they have an MRI to confirm the CVST? 3. Management of patient – Was the patient thrombolysed AND given anticoagulation when they had identified bilateral parietal occipital lobe haemorrhages? Could you show pictures of the haemorrhage? Did they worsen after thrombolysis? 4. Grammar and syntax – There are a number of missing words that need placing/non sensical sentences that need rewording. I have corrected some in the manuscript itself. 5. Dating – Generally in case reports the dates are not included as it reduces the anonymity of the patient. Specific Comments: 1. Abstract: “decompression (DDAVP)” – typo – may mean “desmopressin”. 2. Abstract: “presented gradual headache and intermittent cerebrospinal fluid (CSF) leakage during vomiting” - Grammatically incorrect – requires “presented with gradual onset of headache” and “leakage while vomiting”. 3. Abstract – “showed hyperdense superior sagittal sinus (SSS)” – Should be “showed a” 4. Abstract – “parietooccipital lobe moderate edema, and haemorrhage” should be “moderate edema and haemorrhage of the parietooccipital lobe”. 5. Abstract – “Finally, the neurological deterioration altered sharply from consciousness to deep coma during the following 4 days after readmission.” – Unsure what you’re trying to say here. Need to reword this statement. 6. Case Presentation –



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“Ommaya capsule reservoir” – You’ll need a citation for this and you’ll need to reword this sentence. Its not particularly clear. 7. Case Presentation – “The neurological examination on admission showed the state of the patient was consciousness, bilateral visual acuity of 0.8/0.8 and without visual field defects” Poor English. Needs to be reworded. 8. Case Presentation – “Head CT (2-August-2018) , (3-August-2018) : Non-contrast axial CT images shows hyperdense superior sagittal sinus and right transverse sinus, the presence of bilateral parietal-occipital lobe hemorrhage and edema , disappearance of cisterna ambiens (Fig.3 A, B, C, D).” – Was there an MRI performed? MRI is generally considered gold standard when assessing for these things. 9. Case Presentation – “The neurological deterioration succumbed sharply from consciousness to deep coma during the next 4 days after readmission.” – Needs to be reworded. Poor English. 10. Discussion – “The location and degree of invasion into the third ventricle, pituitary gland, and optic apparatus were ascribed to the possibility of evaluation of hypothalamic damage in craniopharyngioma patients.” – Cannot understand what this sentence means. Needs to be reworded.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- The same title
- Duplicate publication
- Plagiarism
- No

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[] Plagiarism

[Y] No