



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 58608

Title: Bochdalek hernia masquerading as severe acute pancreatitis during the third trimester of pregnancy: A case report

Reviewer’s code: 02729282

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer’s Country/Territory: Japan

Author’s Country/Territory: China

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Reviewer chosen by: AI Technique

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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 Grade E: Do not publish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 type="checkbox"/> Minor revision <input checked="" 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



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SPECIFIC COMMENTS TO AUTHORS

Comments to the Author General Comments: This manuscript describes a case of new onset of congenital Bochdalek hernia during the third trimester of pregnancy. I think that this might make an interesting case report for the World Journal of Clinical Cases but needs to be revised before reconsidering the manuscript. Major Comments 1. Abstract; Gestational weeks should be described at diagnosis and cesarean section. 2. Introduction; The first two lines are not necessary. Also, line 95-104 should not be included in the introduction. The authors should describe the specific point and aim of this report. The mortality rate of diaphragmatic hernia during pregnancy has been reported to 40%. 3. Case presentation; The gestational weeks should be described through the treatment course. 4. What was the pregnancy method? Was it natural? Was it fertility treatment? Were there any pre- and post-pregnancy diaphragmatic hernia symptoms? 5. Line 165-166; Ultrasound or MRI are the better choice during pregnancy, however CT is not contraindicated. In some cases, MRI is not available soon. If needed, clinicians should perform CT for the diagnosis, particularly in severe illness. Delayed diagnosis often leads to more serious outcomes. 6. Line 200-201; The information of antenatal fetal heart rate pattern (cardiotocogram), intrapartum neonatal Apgar score and cord blood gas, and postnatal neonatal development and brain damage should be included. 7. Discussion; It is too long. Should be short. Did this patient have congenital diaphragmatic hernia before pregnancy as the authors described the title? It is unlikely that only pregnancy itself caused diaphragmatic rupture. 8. Conclusion; Contraception is not absolutely necessary if diaphragmatic hernia was completely repaired. Routine laboratory tests is not necessary because this condition was considered to be caused due to pregnancy. "Neonatal development requires close monitoring for preventing complications." is of course important, but it is not the conclusion of this paper.