

PEER-REVIEW REPORT

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Title: Bone cement implantation syndrome during hip replacement in a patient with pemphigus and Parkinson's disease: A case report

Reviewer's code: 02566952

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Chief Doctor, Senior Researcher, Surgeon

Reviewer's Country/Territory: Romania

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Reviewer chosen by: Jia-Ping Yan

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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 Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input 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



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SPECIFIC COMMENTS TO AUTHORS

A well written good conceived manuscript presenting an interesting case report on bone cement implantation syndrome. Maybe it would be interesting to present in the introduction chapter the fact that BCIS has different grades of severity and the incidence is quite different for each of them (from 24% in grade I to 9,5% in grade 3, it is really a large gap Are there clinical facts in the initial examination to support the peripheral venous embolism? Are there more biological lab tests available (inflammation markers, blood cell count, hepatic function?) It seems the patient was in a rather poor overall conditions (1,70mhight and 40 kg weight, maybe cashexia syndrome, do the authors consider this could have been influenced the occurrence of BCIS give the fact that patient was likely not mobilizing himself too much dure to untreated Parkinson and muscle atrophy? Pulmonary embolism is likely to have been produced by fat emboli, have the specific measures for preventing this event during surgery have been taken (lavage of medular cavity, eventually pressured lavage)? Was a lung CT scan available postsurgery to confirm/follow up the suspected PE? Interesting argumentation regarding the choice of anesthesia. Maybe more commentary is needed regarding the use and the moment of starting anticoagulant therapy, especially given the fact there was already peripheral vein thrombosis before surgery.