



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 61425

**Title:** Perioperative massive cerebral stroke in thoracic patients: case series and literature review

**Reviewer’s code:** 00506214

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Associate Professor

**Reviewer’s Country/Territory:** United States

**Author’s Country/Territory:** China

**Manuscript submission date:** 2020-12-06

**Reviewer chosen by:** AI Technique

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**Reviewer performed review:** 2020-12-06 21:29

**Review time:** 5 Hours

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	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**

The authors present a case series of 3 subjects who experienced devastating stroke following thoracic procedures. They then review some of the risk factors specific to CVA. I would like to see a little more specific information regarding issues related to thoracic procedures as detailed below. In presenting the cases and review, I would like to see what is classic overall about risk, timing and consequences of perioperative stroke. Then, what is particular to the group of patients undergoing thoracic procedures (not bypass and related ones which have their own special set of risks and this should be mentioned here). Then, how did these cases differ or confirm the expectations of the risk factors enumerated previously. This format is mostly adhered to but a few places might require some addition elucidation. In the Discussion, the authors immediately speak of morbidity of stroke but never mention incidence, much less anything that is known for their particular population (which is where the cardiovascular subgroup could also be contrasted). Also, nothing was mentioned about timing in general. My impression was that all of the cases described had it occur very early in perioperative setting. Also, while mentioning the hypercoagulable state that often accompanies surgery due to elevations of tissue factor to initiate the clotting cascade, this is ignored in the Discussion. Afib is also problematic because of the need to hold anti-coagulants for surgery. Also, what is/should be the typical timecourse for restarting them? In neurosurgery, this is a huge problem. What is the general consensus in thoracic surgery? In the Discussion, my suggestion is to be specific when referring to specific data from the case. For example, when stating that hypotension occurred, simply state that the patient experienced a 20 min period with a bp of 90/60 and let the reader better process this. Similarly with the reference to hypoxemia in the same patient. Better to state that a 5 min period with a sat of 85% occurred. In the Discussion, in the



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paragraph that begins Remifen.... The paragraph is not about remifentanyl. It is about the use of multimodal approaches. Also, it would appear that the multimodal approaches that the authors have in mind are those that contain a regional adjunct, so state that explicitly. While such a approach may mitigate high concentrations of volatile anesthetic that could affect pulmonary matching, they could and often do lead to decreases in blood pressure. Some minor issues: bronchoscope -> bronchoscopy in several places coma-> comatose infarct -> infarction



## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases

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**Title:** Perioperative massive cerebral stroke in thoracic patients: case series and literature review

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<b>Scientific quality</b>	<input checked="" type="checkbox"/> Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
<b>Conclusion</b>	[ ] Accept (High priority) [ ] Accept (General priority) <input checked="" type="checkbox"/> Minor revision [ ] Major revision [ ] Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes [ ] No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes <input checked="" type="checkbox"/> No



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#### **SPECIFIC COMMENTS TO AUTHORS**

Wonderful paper. Taking the three related case and putting them together is a great way to share clinical research. Each case is well reported. Each case adds to the overall purpose of the paper as sharing how perioperational stroke can occur.