

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 61717

Title: Is mannitol combined with furosemide a new treatment for refractory

lymphedema? A case report

Reviewer's code: 05112984

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Chief Doctor, Dean, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

Manuscript submission date: 2020-12-19

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-06-22 07:30

Reviewer performed review: 2021-06-22 09:35

Review time: 2 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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



SPECIFIC COMMENTS TO AUTHORS

This paper reported an intersting case of refractory lymphedema, which was improved by a combination of mannitol and furosemide. As to this patient, her lower extremity lymphedema improved dramatically after receiving the mannitol and furosemide,but subsequently worsened after the mannitol and furosemide were discontinued. Even though, the conclusion that a combination of mannitol and furosemide could be considered as another effective therapeutic option for refractory lymphedema ineffective on CDT and IPC should be taken cautionally. For one thing, it is a case report. Secondly, it is a special patient of a 90-year-old female diagnosed with intracranial hemorrhage and refractory lymphedema of the left lower extremity since 1998. It is true that the intervention is effective specially to this patient. However, its efficacy and safety remains unknown to others. in this regard, the conclusion should be adjusted, and the discussion should be modified accordingly.



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 61717

Title: Is mannitol combined with furosemide a new treatment for refractory

lymphedema? A case report

Reviewer's code: 03764608

Position: Editorial Board

Academic degree: PhD

Professional title: Doctor, Postdoc, Research Scientist, Senior Researcher, Staff Physician

Reviewer's Country/Territory: Greece

Author's Country/Territory: South Korea

Manuscript submission date: 2020-12-19

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-06-19 08:41

Reviewer performed review: 2021-06-30 07:28

Review time: 10 Days and 22 Hours

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



SPECIFIC COMMENTS TO AUTHORS

General comments This is a case report showing that the use of mannitol combined with furosemide can be effective to treat refractory lymphedema. Such treatment was given in a patient for intracranial hemorrhage who had also lower limb refractory lymphedema post cervical cancer. The case report provides an effective treatment option for refractory lymphedema, but there are some concerns made mostly from the decision to extent treatment and the monitoring tools used to provide safety that should be clarified better. Specific comments Please clarify better clinical status of patient admitted with intracranial hypertension What treatment strategy has been followed? Intubation?Sedation? Intracranial pressure monitoring (ICP)? Did you use only mannitol and furosemide and why? How did you monitor mannitol effects? ICP?CT or MRI scan? Osmolality gap? Osmolarity variations may be harmful causing in extremis the fatal central pontine myelinolysis. How did you monitor this syndrome? What was the daily fluid balance for the patient? Please provide clinical course laboratory (blood gas/kidney function/electrolytes) and imaging applied (table and figure). Why did you use mannitol for such a long period? Mannitol use is mostly limited in a short period and restricted for intracranial pressure control. Hypertonic saline (3-5%) infusion could also be used as an alternative agent as shown in previous studies. Furosemide can be also effective in some cases. Further study is required to assess superiority of mannitol. Based on this case report what is the suggested refractory lymphedema treatment period according to the authors? Treating lymphedema by mannitol and furosemide might be useful; however the harmful effects (brain/heart/kidneys ecc.) cannot be excluded from the provided clinical information. Please give us more information for the patient's general clinical status at discharge apart from the lymphedema improvement.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 61717

Title: Is mannitol combined with furosemide a new treatment for refractory

lymphedema? A case report

Reviewer's code: 03764608

Position: Editorial Board

Academic degree: PhD

Professional title: Doctor, Postdoc, Research Scientist, Senior Researcher, Staff Physician

Reviewer's Country/Territory: Greece

Author's Country/Territory: South Korea

Manuscript submission date: 2020-12-19

Reviewer chosen by: Chen-Chen Gao

Reviewer accepted review: 2021-09-03 12:02

Reviewer performed review: 2021-09-05 06:02

Review time: 1 Day and 17 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	 [] Accept (High priority) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Peer-reviewer statements	Peer-Review: [] Anonymous [Y] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS



No further comments to add.