

PEER-REVIEW REPORT

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Manuscript NO: 62669

Title: Spinal dural arteriovenous fistula 8 years after lumbar discectomy surgery: A case report and review of literature

Reviewer's code: 00733333

Position: Editorial Board

Academic degree: MD

Professional title: Associate Professor, Chief Doctor

Reviewer's Country/Territory: Turkey

Author's Country/Territory: China

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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 Grade E: Do not publish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 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 checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" 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

In this article, the treatment of a spinal dural AVF case developed 8 years after lumbar spinal spondylosis surgery is presented. This article, which is generally well designed, needs minor revisions as stated below: 1. The classification of spinal dural vascular malformations used in the "Introduction" section of the article is quite old. Instead, it would be more appropriate to use the current classification reported by "Kim and Spetzler" in 2006. 2. In the "Core tip" section; Spinal dural arteriovenous fistula recurrence was mentioned after 8 years. It would be more correct to use the term "symptom recurrence after 8 years" in this sentence. 3. In the "First admission / Outcome and Follow-Up" section of this article; After decompression and fusion surgery for the spinal stenosis at the L4-L5 level (first surgery), it was stated that the leg pain of the patient disappeared. However, no information was given about the recovery of the patient's sensory deficit and neurogenic claudication after this surgery. This issue needs to be enlightened. 4. In the "Final diagnosis" section in second admission of patient; L3-L4 disc herniation should be written among the diagnoses. 5. It should be emphasized that Spinal Angiography is the "gold standard" in the diagnosis of spinal vascular malformations and it should be recommended to be used in all suspicious cases. 6. In these cases; "Results of surgical treatment (proximal drainage vein clipping) and Endovascular treatment (fistula embolization) are similar". Attention should also be paid to this issue in the discussion section. 7. It is recommended to prepare the table (Tables of Review) used in this article more regularly. 8. In these cases, "With treatment; While 2/3 of the motor symptoms regress, 1/3 of the sensory findings regress. Sphincter disorders are rarely resolved. " In the discussion section, this issue should also be highlighted and the importance of early diagnosis should be emphasized. In my opinion, if these revisions can be made successfully, it would be appropriate to publish



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