

## PEER-REVIEW REPORT

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

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**Title:** Bilateral cerebral infarction in diabetic ketoacidosis and bilateral internal carotid artery occlusion: A case report and literature review

**Reviewer's code:** 05798494

**Position:** Peer Reviewer

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 Grade E: Do not publish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

In this manuscript, Chen et al. describe a case of cerebral infarction in a patient with diabetic ketoacidosis. The introduction describes the association between DKA and systemic inflammation. The authors describe a case of a patient admitted for stroke who developed DKA three months later while undergoing rehabilitation and was then found to have a subsequent massive infarction. Introduction: • The authors highlight the relationship between DKA and cerebral edema. However, there is no discussion of the relationship between diabetes and vascular disease including increased stroke risk. • BICAO is listed as a possible cause of stroke. However, this was seen on initial MRI, is it possible that stroke was related to chronic condition and not to acute DKA. • This patient suffered two prior strokes, it would be beneficial to discuss the risk of recurrent stroke independent of DKA. Case Presentation • The authors state that the patient was admitted for rehabilitation 3 months after suffering a stroke. There is no discussion of the reason for this lag and what the patient's state of health was in the 3 months between stroke and admission. • It is unusual for DKA to develop in a hospitalized patient, it would be helpful for the authors to comment on the suspected etiology. • It is unusual for mild DKA to require a prolonged time course for correction (3 days). Was there an explanation for this delay? Were other possible causes for persistent metabolic acidosis such as sepsis evaluated for? Discussion • It is implied in the discussion that DKA caused this stroke. Is there evidence to support this? • How is the risk of acute inflammation of DKA different from the chronic vascular disease of Type 1 DM? • Is BICAO a sufficient risk factor for stroke without the addition of DKA risk? Given the current prevalence of diabetes and the devastating long-term complications of stroke, risk factors for stroke in DM is an important topic. This manuscript describes a case of ischemic stroke attributed to DKA. However, limited explanation is given to

investigation of other causes of stroke. There is also no clear description of this patients risk of stroke prior to development of DKA. It may be helpful to focus this manuscript more on DKA as a possible additional risk factor for stroke in an already high-risk group (patients with type 1 DM).