

PEER-REVIEW REPORT

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Title: Streptococcal toxic shock syndrome after hemorrhoidectomy – a mortality case report

Reviewer's code: 00503929

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Brazil

Author's Country/Territory: Taiwan

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Reviewer chosen by: AI Technique

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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 Grade E: Do not publish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

This is a useful description of a case of infection by Group A streptococci in a patient recently submitted to hemorrhoidectomy. The case is clearly described and adequately documented, although I recommend that abbreviations be defined at first use, since not everyone will understand them as a matter of course. The description of the clinical evolution of this patient shows a change from hypotension to hypertension shortly before clinical deterioration and death. Up to this point, the subjective perception of the patient as to discomfort was the main guidance to the clinical team. Things were considered more serious when relatives reported a confused state of mind in the patient. Laboratory tests showing extensive systemic abnormalities were performed after that increase in awareness of risk for sepsis. I wonder whether an increased level of suspicion might allowed for earlier therapeutic intervention, perhaps preventing fatal deterioration. AT any rate, the authors are to right in publishing their observations, so that awareness of this risk in other practitioners may be increased.