

## PEER-REVIEW REPORT

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

**Manuscript NO:** 67265

**Title:** Anesthetic technique for awake artery malformation clipping with motor evoked potential and somatosensory evoked potential: A case report

**Reviewer's code:** 03999836

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Czech Republic

**Author's Country/Territory:** China

**Manuscript submission date:** 2021-04-19

**Reviewer chosen by:** Jin-Lei Wang

**Reviewer accepted review:** 2021-05-10 06:50

**Reviewer performed review:** 2021-05-14 18:20

**Review time:** 4 Days and 11 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 Grade E: Do not publish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 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 type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## **SPECIFIC COMMENTS TO AUTHORS**

The aim of the reviewed manuscript titled Anesthetic technique for awake artery malformation clipping with motor evoked potential and somatosensory evoked potential is to describe the use of awake craniotomy technique for the clipping of a brain AVM located in the territory of the anterior cerebral artery on the right side. Regarding the Core Tip based on own experience with awake craniotomy technique it is impossible to perform awake craniotomy in a patient requiring respiratory support or even controlled ventilation in particular in case when speech or memory monitoring is needed. Therefore I suggest reformulating the sentence Awake craniotomy was performed successfully with spontaneous respiration in this patient – e.g. uneventfully in fully cooperative patient with stable neurological status. In the Introduction section the main aim of awake techniques – preservation of functions that can not be monitored in asleep patients (speech, memory,...) should be underlined. Moreover, in the vast majority of AVM cases the simple term clipping is misleading – the principle of surgery is AVM nidus removal, not only the clipping of the feeders. The Case Presentation is well written, but the indication of surgery for asymptomatic, incidentally found small AVM in 62 years old lady without any presented evidence of previous bleeding is at least disputable. Similarly the submitted single projection (Fig.1) 3D DSA does not depict the lesion well – at least 2 projections of DSA images together with MRI scans (axial and sagittal for the evaluation of the AVM relationship to the central area or the potential vessels en passage potentially supplying the motor area). Finally also the advantages of surgery as a preferred treatment mode when compared with endovascular treatment or radiosurgery should be discussed for this particular case. The description of anaesthesia technique is adequate ( from the neurosurgical point of view) – but the description of the surgery as a simple clipping of the supplying vessels also needs clarification - without



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AVM nidus removal ??? Similarly the surgical result (Fig.4) should be illustrated by more descriptive scans. The chapter Discussion is well written from the neuroanaesthesia point, however as a neurosurgeon I would expect some remarks about surgical aspects of AVMs using awake craniotomy techniques – potential problems with bleeding control, intraoperative oedema, epileptic seizure, maybe better prevention of postoperative normal perfusion pressure breakthrough, to name at least some of them. However I fully agree that mastering the awake craniotomy techniques for less common indications (e.g. AVM) has a great potential for the reduction of early neuropsychological morbidity. Finally after major revision (mainly when talking about neurosurgical aspects of the presented case) the paper deserves further review and reconsideration for publication.

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Professional title:** Doctor

**Reviewer's Country/Territory:** Czech Republic

**Author's Country/Territory:** China

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**Reviewer chosen by:** Jia-Ru Fan

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<b>Scientific quality</b>	<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
<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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<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

## SPECIFIC COMMENTS TO AUTHORS

The key points of my review were : - the issue of awake craniotomy in a patient requiring respiratory support or even controlled ventilation – satisfactorily answered and corrected in the Core Tip section. I accept that the main topic of the paper was neuroanaesthesia in this particularly interesting case. - in the Introduction section the main aim of awake techniques – preservation of functions that can not be monitored in asleep patients (speech, memory,...) should be underlined – the authors have modified the discussed sentence as suggested - another point of the review were the surgical aspects – I the vast majority of AVM cases the simple term clipping is misleading – the principle of surgery is AVM nidus removal, not only the clipping of the feeders. The Case Presentation is well written, but the indication of surgery for asymptomatic, incidentally found small AVM in 62 years old lady without any presented evidence of previous bleeding is at least disputable. but the description of the surgery as a simple clipping of the supplying vessels also needs clarification - without AVM nidus removal ??? - the problem has been clarified adequately and absolutely satisfactorily from the neurosurgeon/s perspective, although the main topic of the paper are neuroanaesthesia aspects . : The adequacy of preoperative and postoperative neuroradiological data and photodocumentation – well selected scans added - The last comment - surgical aspects of AVMs using awake craniotomy techniques – potential problems with bleeding control, intraoperative oedema, epileptic seizure, maybe better prevention of postoperative normal perfusion pressure breakthrough, to name at least some of them – also adequately answered from neurosurgical point of view Final conclusion – all my remarks and queries has been adequately addressed and therefore I can gladly recommed the paper for publication. Peer review report’s scientific quality classification after review Grade A - Excellent.