

## PEER-REVIEW REPORT

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

**Manuscript NO:** 67406

**Title:** A rare case of proximal true lumen collapse in a chronic type B aortic dissection patient

**Reviewer's code:** 00233953

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Professor

**Reviewer's Country/Territory:** United States

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

**Manuscript submission date:** 2021-04-23

**Reviewer chosen by:** Li Ma

**Reviewer accepted review:** 2021-06-12 12:28

**Reviewer performed review:** 2021-06-12 12:40

**Review time:** 1 Hour

<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 Grade E: Do not publish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 checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

#### **SPECIFIC COMMENTS TO AUTHORS**

Comment #1: the pre-operative CT images (figure 1) do NOT convincingly show the describe pathology of true lumen collapse. The authors must provide 3D MPR reconstruction at the diseased proximal descending aorta, allowing to clearly understand the relationship between true and false lumen

## PEER-REVIEW REPORT

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

**Manuscript NO:** 67406

**Title:** A rare case of proximal true lumen collapse in a chronic type B aortic dissection patient

**Reviewer's code:** 05330633

**Position:** Peer Reviewer

**Academic degree:** MD, MSc

**Professional title:** Staff Physician, Surgeon

**Reviewer's Country/Territory:** Brazil

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

**Manuscript submission date:** 2021-04-23

**Reviewer chosen by:** Li Ma

**Reviewer accepted review:** 2021-06-13 02:56

**Reviewer performed review:** 2021-06-23 01:20

**Review time:** 9 Days and 22 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 checked="" type="checkbox"/> Minor revision <input 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

## **SPECIFIC COMMENTS TO AUTHORS**

The authors report a case of type B aortic dissection, discovered incidentally in an asymptomatic octagenarian woman and submitted to endovascular repair. In general, the wording is adequate, with a good description of the fundamental points of the case. However, some details need to be clarified: 1. Despite the recommendations for the treatment of chronic aortic dissection, even in asymptomatic patients, a more elaborate justification for intervening in an 83-year-old patient whose diagnosis was incidental is convenient. Why not repeat CT in a few months (3-6 months) and assess growth? 2. The authors claim to use computational models to assess dissection etiology and resolution. However, it is not possible to understand how the proposed preoperative flow model can elucidate the etiology. I suggest changing this in the text. 3. The reason for reopening the occluded true lumen is unclear. If the concern was only with rupture, why not cover only the dilatation area after the left subclavian artery and keep the rest of the flow through the false lumen already chronically open? 4. Regarding Figure 1, it is necessary to clarify the length between the LSA and the beginning of the aneurysm and justify the need to cover this artery (Zone 3). 5. Why do the authors prefer to puncture the fabric of the endoprosthesis for placement of Fluency instead of using the chimney technique? 6. The patient was discharged after only five days. Were there any postoperative complications, considering that, in these cases, patients are discharged the next day? 7. It will be necessary to improve the arrangement of the figures. It is a little confusing... A. Fig 1 - OK B. Fig 2 - OK C. Fig 3. Here there are too many images to show pretty much the same thing. The 1st Figure in 3A is the same as in Fig 1B. d. Rather than putting repeat reconstructions of several aortic segments, I suggest transferring the aortic arc diameter, descending Ao, and true lumen diameters/areas over time into a simple table and putting in some key images to illustrate. As it is, we have lost focus on where to look.



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8. Therefore, the paragraph “Aortic remodeling following TEVAR” can be condensed into a table. 9. Discussion is concise and proper. I consider that nine references are too few for a subject of this magnitude of complexity. If possible, insert references to other cases already published. Thus, it would be possible to justify the rarity of the intervention and its description. 10. English needs to be adjusted to scientific and technical language. There are still some grammatical errors.

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Reviewer's Country/Territory:** United States

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

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**Reviewer chosen by:** Ze-Mao Gong

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**Review time:** 1 Hour

<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 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



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there are no further comments