

## PEER-REVIEW REPORT

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

**Manuscript NO:** 67953

**Title:** Short-term effect and long-term prognosis of neuroendoscopic minimally invasive surgery for hypertensive intracerebral hemorrhage

**Reviewer's code:** 06099444

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2021-05-27

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-06-02 08:03

**Reviewer performed review:** 2021-06-09 01:54

**Review time:** 6 Days and 17 Hours

<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 Grade E: Do not publish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 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



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## **SPECIFIC COMMENTS TO AUTHORS**

General comments: Authors retrospectively analyzed the short-term effect and long-term prognosis of neuroendoscopic minimally invasive surgery of 118 patients with hypertensive intracerebral hemorrhage from 2018 to 2020 in their hospital. The manuscript is informative and well presentation. The reviewer has minor comments.

Comments: 1- The ABSTRACT is not good enough and needs to be revised. Method part is not clearly described, please specify the treatment of the Control group and Observation group, eg, Control group carried out hard-channel minimally invasive puncture drainage, Observation group took neuroendoscopic minimally invasive surgery. 2- The BACKGROUND part of the text is well written and presents status and significance of the study clearly. However, I suggest that more basic knowledge of hypertensive intracerebral hemorrhage, such as epidemiology and prevalence, should be introduced in the background introduction. I noticed that these descriptions are in the DISCUSSION part, but in the reviewer's opinion, the discussion part should focus more on the discussion and analysis of the existing results, and the analysis of the two surgical methods. 3- Method: the paragraphs are generally well structured and explained. However, It is necessary to describe the operation time, volume of hemorrhage, and hematoma clearance rates in "Indicators of observation and methods of detection". 4- Result: well and clearly presented with pertinent statistics. Thank you for giving opportunity to review your study.

## PEER-REVIEW REPORT

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

**Manuscript NO:** 67953

**Title:** Short-term effect and long-term prognosis of neuroendoscopic minimally invasive surgery for hypertensive intracerebral hemorrhage

**Reviewer's code:** 06099470

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2021-05-27

**Reviewer chosen by:** AI Technique

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**Review time:** 7 Days and 16 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



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

Hard-channel minimally invasive puncture drainage and neuroendoscopic minimally invasive surgery are common methods for hypertensive intracerebral hemorrhage currently. The authors of this study compared the impacts of hard-channel minimally invasive puncture drainage and neuroendoscopic minimally invasive surgery in hypertensive intracerebral hemorrhage. 118 patients with hypertensive intracerebral hemorrhage were divided into two groups on the basis of operation strategy. They evaluated the effects of the two operations by observing the operation time, volume of hemorrhage, Hematoma clearance rates, NIHSS and Barthel index, etc. This topic is actual and well described. The manuscript is well written and very interesting, and authors presented also the limitations of the study. They concluded that neuroendoscopic minimally invasive surgery is more complicated than hard-channel, minimally invasive puncture drainage in the treatment of hypertensive intracerebral hemorrhage but has a more thorough hematoma clearance rate and a better short-term effect and long-term prognosis. I have only a minor point to discuss. Is it possible to swap the horizontal and vertical rows in all the tables? This might make it clearer. I recommend that the manuscript can be published after polishing the English. Sincerely