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PEER-REVIEW REPORT

Name of journal	l: World	Journal	of Clinical	Cases
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Manuscript NO: 69423

Title: Bow hunter's syndrome successfully treated with a posterior surgical

decompression approach: A case report and review of literature

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05688164 Position: Peer Reviewer

Academic degree: BSc, MD, PhD

Professional title: Research Fellow

Reviewer's Country/Territory: Hungary

Author's Country/Territory: Italy

Manuscript submission date: 2021-11-23

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-14 12:18

Reviewer performed review: 2021-12-15 09:21

Review time: 21 Hours

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No



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Peer-reviewer

Peer-Review: [] Anonymous [Y] Onymous

statements Conflicts-of-Ir

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

15 December 2021 Review on the manuscript titled "It is all about turning: A case of bow hunter's syndrome" by Orlandi N et al., submitted to World Journal of Neurology Manuscript ID: 69423 Dear Authors, Bow hunter's syndrome (BHS) is symptomatic vertebrobasilar insufficiency caused by mechanical occlusion or compression of the vertebral artery at the atlantoaxial or subaxial level during neck and head rotation. The authors report a case of a patient with an acute onset of vertigo and gait instability upon right head rotation, the previous episodes of unilateral left neck and occipital pain, the presence of acute bilateral cerebellar ischaemic lesions by magnetic resonance imaging, the presence of a dynamic occlusion of the vertebral artery upon right head rotation by dynamic ultrasonography and angiography, and complete resolution after surgery. The authors conclude that BHS is suspected in the presence of repeated posterior circulation transient ischaemic attack or ischaemic stroke with associated with high cervical spine abnormalities. Please consider the following: 1. Title: The tile should reflect the most significant findings of the manuscript. 2. Abstract: The abstract is proportionally presented. 3. Keywords: Please list up to six keywords. 4. Core tip: The core tip is concise and focused. 5. Introduction: Please briefly summarize the epidemiology, symptoms, pathology, risk factor, differential diagnosis, diagnostic methods, and treatment of BHS 6. Imaging examinations: The section may better be reorganized with subsections. 7. Discussion: The discussion is well presented. 8. References: Please cite more references, preferably more than 50. The manuscript contains two figures, no table, one video, and 21 references. Informed consent is obtained. The quality of the manuscript is well organized. The use of English language is proper. The manuscript carries important



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value presenting a case report of BHS. Thus, I recommend this manuscript for publication after minor revision. I declare no conflict of interest regarding this manuscript. Best regards, Masaru Tanaka, M.D., Ph.D.



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Reviewer's code: 05207387 Position: Editorial Board Academic degree: DSc, PhD

Professional title: Professor

Reviewer's Country/Territory: South Korea

Author's Country/Territory: Italy

Manuscript submission date: 2021-11-23

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-28 02:45

Reviewer performed review: 2022-01-01 11:01

Review time: 4 Days and 8 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[]Yes [Y]No



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thanks for recommending me as a reviewer. In this case study, the final diagnosis of the case presented was left dynamic vertebral artery occlusion (bow hunter's syndrome) resulting from left C1-C2 bone spur compression. Overall, this study is well written. If authors complete minor revisions, the quality of the study will be further improved. 1. The introduction section is well written. If the authors describe the theoretical background of bow hunter's syndrome in more detail in the introduction section, it may help readers to understand. 2. line 82-98: Authors should be more specific about the characteristics of their subjects. 3. Rather than including the title and footnote in Figure 1, I think it would be more helpful to the reader to present only the figure, and to indicate the title and footnote separately.