

## PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 69711

Title: Successful prolonged cardiopulmonary resuscitation after intraoperative cardiac

arrest due to povidone-iodine allergy: A case report

Reviewer's code: 05915129

**Position:** Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Tanzania

Author's Country/Territory: China

Manuscript submission date: 2021-07-09

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-07-12 15:49

Reviewer performed review: 2021-07-12 16:37

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	<ul> <li>[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing</li> <li>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection</li> </ul>
Conclusion	<ul> <li>[ ] Accept (High priority) [Y] Accept (General priority)</li> <li>[ ] Minor revision [ ] Major revision [ ] Rejection</li> </ul>
Re-review	[Y]Yes []No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No



## SPECIFIC COMMENTS TO AUTHORS

This is a very interesting manuscript. The hypotheses that povidone iodine caused the anaphylactic shock is corroborated by your described findings in the paper. More weight should be given to the allergen in povidone iodine, and see if there are corroborating literature implicating this allergen- whether in povidone iodine or not, to anaphylactic Given the multiple medications that were being given to the patient, and the shock. possibility of neurological shock- how were these possible confounders taken into It might be worth noting the ETCO2 levels during the CPRaccount or ruled out? doing a CPR for two hours is very heroic, apart from the subjective decision to continue with the CPR, it would be interesting to know if there were any objective evidence that prompted the team to continue with the CPR. In the conclusion section, it may be worth touching on the povidone iodine anaphylaxis again- what are your reccomendations based on this experience. The introduction section does not have citations. This needs to be addressed.



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Name of journal: World Journal of Clinical Cases

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Title: Successful prolonged cardiopulmonary resuscitation after intraoperative cardiac

arrest due to povidone-iodine allergy: A case report

Reviewer's code: 00070191

**Position:** Editorial Board

Academic degree: MD

**Professional title:** Professor

Reviewer's Country/Territory: Turkey

Author's Country/Territory: China

Manuscript submission date: 2021-07-09

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-07-12 12:14

Reviewer performed review: 2021-07-13 21:52

**Review time:** 1 Day and 9 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	<ul> <li>[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing</li> <li>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection</li> </ul>
Conclusion	<ul> <li>[ ] Accept (High priority)</li> <li>[ ] Accept (General priority)</li> <li>[ Y] Minor revision</li> <li>[ ] Major revision</li> <li>[ ] Rejection</li> </ul>
Re-review	[ ]Yes [Y]No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No



## SPECIFIC COMMENTS TO AUTHORS

The original finding of this manuscript is successful prolonged cardiopulmonary resuscitation after intraoperative cardiac arrest due to povidone-iodine allergy. The new hypotheses proposed that the decision for prolonged CPR requires some factors providing a favorable outcome. The new phenomenon that was found through this case povidone-iodine allergy may cause cardiac arrest. Therefore, the report is that hypothesis confirmed through this case report is that a favorable outcome of prolonged CPR is possible in patients with cardiac arrest due to povidone-iodine allergy. The conclusions appropriately summarize the data that this study provided. As pointed by the authors, The American Heart Association recommends stopping resuscitation for patients who do not respond to at least 20 minutes of advanced cardiovascular life support. However, in some conditions similar to the case presented here, prolonged CPR may be successful. The limitation of the study: 1- The decision for prolonged CPR may be difficult because the factors that favor such a decision for this treatment needs to be clearly defined. This should be emphasized in the discussion. 2- DOI and PMID numbers should be added in references. 3- The clinicopathological finding of similar recent cases should be presented as a Table to inform the readers better and compare the data with the case presented here.