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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 70541

Title: Fatal rhabdomyolysis and disseminated intravascular coagulation after total knee

arthroplasty under spinal anesthesia: A case report

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05948289

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Chief Physician, Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

Manuscript submission date: 2021-08-12

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-08-18 16:57

Reviewer performed review: 2021-08-20 22:30

Review time: 2 Days and 5 Hours

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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



Baishideng **Publishing**

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Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Rhabdomyolysis is rarely induced by tourniquet use during orthopedic surgery. The present manuscript described a case report of tourniquet-induced rhabdomyolysis, confirmed by detailed history description and laboratory data. This study is well designed, executed and presented. There are a few issues that should be addressed by the authors before consideration for publication: 1. the keywords should be limited in 5. 2. "trivial mitral regurgitation and tricuspid regurgitation All hematological parameters were unremarkable", Missing full stop before "ALL". 3. If possible, please provide a photograph of the patient's thigh at the time of rhabdomyolysis. 4. In the presented patient, he had some known risk factors of male sex, old age and ischemic heart disease, although the tourniquet pressure and duration did not exceed the recommended guidelines, with 300 mmHg of pressure applied for 100 min, however, rhabdomyolysis is occurred. What was the vascular condition of the patient's lower limbs, especially the arteries of the lower limbs? 5. "postoperative shivering and fever" could be a prodrome of rhabdomyolysis, did the authors do anything other than symptomatic management?