



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 70686

Title: Acute kidney injury in traumatic brain injury intensive care unit patients

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 01200577

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2021-08-11

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-08-11 05:32

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Review time: 10 Days and 7 Hours

Scientific quality	<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 Grade E: Do not publish
Language quality	<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
Conclusion	<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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

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

SPECIFIC COMMENTS TO AUTHORS

Dear Editor, I read this paper that I found it of potential clinical interest. However, I have some questions /remarks for the authors. - Did the authors evaluate urine output as AKI criteria? - I wonder that although performed in China, the percentage of Asian patients enrolled in this study is so limited. Any comments? - I think that, at least theoretically, traumatic brain injury (TBI) encompasses different clinical conditions. Is it not possible that these different conditions can impact AKI development and patients' outcomes? - In the multivariate analysis, I think that sCr value and UO should not be considered as covariates being included in the definition of AKI - Figure 1, especially the table, is difficult to understand. Simplify it or explain it in more detail. - Please add significance to Figure 4 - The authors should add units of measurement in the tables - Table 5 is hard to understand and should be explained in more detail (for example, what does it mean R/Stage1?) Finally, I think that the authors should discuss more in detail the possible explanations of the lack of association between AKI staging and prognosis????



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Reviewer’s code: 05809529

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Professional title:

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Author’s Country/Territory: China

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Scientific quality	<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
Language quality	<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
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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Comments Page 3 line 11: Replace the word (prognosis) with (the in hospital mortality rate) in the sentence (with prognosis of patients with TBI). As you investigated the in hospital mortality rate as an indicator for prognosis. So please unify. Page 3: Methods need to be rewritten as you wrote the results instead of methods. So this paragraph (From 1648 patients, 291 (17.7%) had AKI, According to KDIGO. The highest incidence of AKI was found by KDIGO (17.7%), followed by AKIN (17.1%), RIFLE (12.7%), and CK (11.5%) (P=0.97). Concordance between KDIGO and RIFLE/AKIN/CK was 99.3%/99.1%/99.3% for stage 0, 36.0%/91.5%/44.5% for stage 1, 35.9%/90.6%/11.3% for stage 2, and 47.4%/89.5%/36.8% for stage 3.) should be added to the paragraph of results. This is a suggestion to write the methods: This was a retrospective study of patients admitted to the ICU for neurotrauma from 2001 to 2012. 1648 patients were included. Based on baseline SCr, the subjects in this study were assessed for the presence and stage of AKI using RIFLE [12], AKIN [13], CK [14], and KDIGO [18]. Page 3 lines 28 and 29: Please be more focused on your conclusion so rephrase it. For example (this study revealed that KDIGO is the best method to define AKI in patients with TBI). Page 6, line 3: The word explored in the sentence (among TBI patients' needs further explored) should be changed to (exploration). Page 7, line 10: Remove the sentence; (The outcome of this study was in-hospital mortality). Page 11, line 3: Replace The word sensitive in the sentence (the highest incidence of AKI and was more sensitive than RIFLE, CK,...). To be (the highest incidence of AKI and was able to detect more patients than RIFLE, CK,...). Because the words sensitive or specific have different statistical bases.