

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 72315

Title: Fatal left atrial air embolism as a complication of percutaneous transthoracic lung

biopsy: a case report.

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05420211

Position: Peer Reviewer

Academic degree: BSc, MPhil, MSc

Professional title: Academic Research, Research Associate, Teacher

Reviewer's Country/Territory: Pakistan

Author's Country/Territory: China

Manuscript submission date: 2021-10-14

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-28 06:06

Reviewer performed review: 2021-11-09 11:18

Review time: 12 Days and 5 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Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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 [] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	 [] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Re-review	[Y]Yes []No



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

SPECIFIC COMMENTS TO AUTHORS

Manuscript No.: 72315 Title: Fatal left atrial air embolism caused by lung biopsy: A case report and review of literature In this study, the author has studied "Fatal left atrial air embolism caused by lung biopsy: A case report and review of literature." A lot of studies have already been carried out on a similar topic, and comprehensive data is available in the literature. The manuscript is very poor and not well written. Sentence making is very poor in this manuscript. The English language used in the manuscript needs major improvements as there are some punctuation and grammatical mistakes present throughout the manuscript. The figures required the proper explanation and caption. The study principle and objective are not clear. Moreover, research models are not discussed in an understandable manner, the introduction section is very poor followed by literature, which reflects that the author needs a more comprehensive way of thinking. The results are very weak and presented very poorly. The discussion part is not up to the mark and no significant comparison is made. It is obvious that the quality of the manuscript does not fulfil the standards of the journal, therefore should be rejected in its present form. Specific comments: 1. The Abstract needs to be critically revised, there are few grammatical mistakes. 2. Please add more strong keywords. 3. The title of the manuscript reflects a 'review of literature', please add more relevant data in the introduction section to support the title. 4. INTRODUCTION: The whole introduction section is general. Authors are advised to revise the introduction section carefully and add more data to make an association between each sentence to support the problem statement. It is advised to add literature in introduction section to create a research gap. 5. Page 4: What is the novelty of the present study? 6. Page 5: "A 71-year-old woman



was referred to our hospital for the evaluation of a lung lesion." Please add the name of the hospital. 7. The 'Treatment' section needs a major revision, please add more appropriate data. 8. The discussion section is not up to the mark, it is too long and should be moved to the introduction section. No overall conclusion and limitations are added. Overall, discussion section is very poor and need extensive revision. 9. The present study lacks future recommendations. 10. Authors are advised to proofread the whole manuscript to overcome grammatical mistakes. 11. The figures need proper interpretation and appropriate captions. 12. The figures quality is low, please improve it and must be minimum of 300 DPI. 13. The headings and subheadings need to be revised.



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Peer-review model: Single blind

Reviewer's code: 00214240

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Doctor, Professor

Reviewer's Country/Territory: Belgium

Author's Country/Territory: China

Manuscript submission date: 2021-10-14

Reviewer chosen by: Xin Liu (Online Science Editor)

Reviewer accepted review: 2022-01-09 11:56

Reviewer performed review: 2022-01-09 12:15

Review time: 1 Hour

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) [] Minor revision [] Major revision [Y] Rejection
Re-review	[Y]Yes []No



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

SPECIFIC COMMENTS TO AUTHORS

interesting case report the dangers of CT guided punction are important, the distance between the heart and the tumor is relatively high , so rather unexpected complication however uncertainty remains if the casue of death is systemic air embolism I have doubts that the amount of air in the left atrium could be enough for this catastrophic outcome the massive hemoptysis is not adequately explained and could also be the cause of death.



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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05347364

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2021-10-14

Reviewer chosen by: Xin Liu (Online Science Editor)

Reviewer accepted review: 2022-01-10 09:16

Reviewer performed review: 2022-01-10 09:35

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	[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	[]Yes [Y]No



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

SPECIFIC COMMENTS TO AUTHORS

In the paper "Fatal left atrial air embolism caused by lung biopsy: A case report and review of literature" authors describe a rare case of systematic air embolism (SAE) occurred during a lung biopsy. The case is well described and documented moreover the authors have done a high quality revision of the (little) literature present on the argument. Thank you for the opportunity to review this nice case report!



RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Clinical Cases Manuscript NO: 72315 Title: Fatal left atrial air embolism as a complication of percutaneous transthoracic lung biopsy: a case report. Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed Peer-review model: Single blind **Reviewer's code:** 05420211 **Position:** Peer Reviewer Academic degree: BSc, MPhil, MSc Professional title: Academic Research, Research Associate, Teacher Reviewer's Country/Territory: Pakistan Author's Country/Territory: China Manuscript submission date: 2021-10-14 Reviewer chosen by: Ya-Juan Ma Reviewer accepted review: 2022-02-09 12:26 Reviewer performed review: 2022-02-09 13:20

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	 [] 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) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous





statements

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

SPECIFIC COMMENTS TO AUTHORS

The authors carefully addressed all the comments. So, it should be accepted in the present form.