

PEER-REVIEW REPORT

Name of journal: *World Journal of Critical Care Medicine*

Manuscript NO: 72844

Title: Septic shock 3.0 criteria application in severe COVID-19 patients: an unattended sepsis population with high mortality risk

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05449007

Position: Peer Reviewer

Academic degree: MBBS, MD

Professional title: Academic Fellow, Doctor

Reviewer's Country/Territory: United States

Author's Country/Territory: Portugal

Manuscript submission date: 2021-11-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-08 12:06

Reviewer performed review: 2021-11-13 14:18

Review time: 5 Days and 2 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" 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 Grade E: Do not publish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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

Overall, well done study with sound biostatistical analysis and highlighting an important aspect and limitation of various definitions of septic shock. especially relating to hyperlactatemia. However, since this study was focused on COVID-19 patients, it is also important to highlight, how many patients had documented secondary bacterial/fungal infections, level of sedation ventilatory settings and other causes driving the hypotension/shock state. Also, it is clearly evident that patients in vasoplegic group and septic shock 3.0 group had higher procalcitonin suggesting probable underlying bacterial infection. Also, While several studies have demonstrated that elevated lactate level alone is not a marker of fluid responsiveness or severity of sepsis, persistent hypotension despite vasopressors is in itself a marker of severity of illness. Recommend adding in table 1, any evidence of secondary infections, ventilator settings if available , baseline liver and renal dysfunction (as that can cause differences in lactate clearance between the group)

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Reviewer's code: 03117998

Position: Editorial Board

Academic degree: MBBS, MD

Professional title: Professor

Reviewer's Country/Territory: India

Author's Country/Territory: Portugal

Manuscript submission date: 2021-11-06

Reviewer chosen by: AI Technique

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Review time: 6 Days and 2 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
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**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous Conflicts-of-Interest: [<input checked="" type="checkbox"/>] Yes [<input type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

This is study of COVID-19 disease patients with sepsis. Why did the authors take the two primary outcomes in this study? Either the overall in hospital mortality or 28 days mortality could have been taken as primary outcome and other as secondary outcome along with other secondary outcomes. Methodology can be written in more detail including days of SARS-Cov-2 infection, severity on radiological investigations and other parameters. Were there any secondary bacterial infections in these cases?