



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 73002

Title: Risk factors for delayed intracranial hemorrhage secondary to ventriculoperitoneal shunt: A retrospective study

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03072151

Position: Editorial Board

Academic degree: MD, MSc

Professional title: Associate Professor, Attending Doctor, Surgeon

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: China

Manuscript submission date: 2021-11-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-30 16:08

Reviewer performed review: 2022-01-04 17:55

Review time: 5 Days and 1 Hour

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 Grade E: Do not publish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 statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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SPECIFIC COMMENTS TO AUTHORS

The current interesting retrospective study entitled “Risk factors for delayed intracranial hemorrhage secondary to ventriculoperitoneal shunt: A retrospective study” aimed to investigate and compare the demographic and clinical characteristics of delayed intracranial hemorrhage (DICH) and non-DICH adult patients with ventriculoperitoneal (VP) shunts to explore the potential risk factors and mechanisms. Their conducted results claimed that history of external ventricular drain (EVD) and postoperative brain edema around catheter are associated with a high risk for DICH in VP shunt patients. Moreover, the DICH patients are vulnerable to poor clinical outcomes with a high modified Rankin Scale (mRS) score. Paper is interesting. However, some revisions regarding a few major and critical comments are needed. An optional flowchart describing how you enrolled the patients in your study is essential and missing in the paper. A major drawback and limitation of this study is the “selection bias”. Regarding to this scientific viewpoint, the result should be interpreted with caution. The specific inclusion and exclusion criteria of the participants needs better description and well appreciated. In this investigation, only a total of 159 patients were divided into the DICH group (n=26) and the non-DICH group (n=133) with the data analyzed using univariate and multivariate logistic regression. Studies with small to moderate samples size employing logistic regression overestimate the effect measure (reference). I am not a statistician, but the authors should discuss and solve with this issue. Reference: Nemes, S., Jonasson, J.M., Genell, A. et al. Bias in odds ratios by logistic regression modelling and sample size. BMC Med Res Methodol 9, 56 (2009). <https://doi.org/10.1186/1471-2288-9-56>. Please discuss the power of your study



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as you stated that the size of the sample was relatively small in your limitation section.

The initial performance level of the implanted Medtronic Strata Adjustable Pressure VP Shunt was not mentioned. This may have a significant influence to DICH due to Monro-Kellie doctrine. The initial setting of the height of EVD above tragus was also not mentioned. Again, this may have a significant influence to DICH due to Monro-Kellie doctrine. Please adhere well to the rule of abbreviation. For example, ventriculoperitoneal shunt and VP shunt are used arbitrarily throughout the text.

Please clarify the units in the tables, i.e. $10E6/L$, $10E9/L$, $10E12/L$. Discussion of the more recent literature on the topic is recommended. Some cited references were even before millennium.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Reviewer's Country/Territory: Taiwan

Author's Country/Territory: China

Manuscript submission date: 2021-11-13

Reviewer chosen by: Jia-Ru Fan

Reviewer accepted review: 2022-04-21 22:21

Reviewer performed review: 2022-04-22 22:48

Review time: 1 Day

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
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
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

Thanks for carefully revising the manuscript. The contents are now well organized, and the presentation of ideas is significantly improved. However, the power of your study is still not provided in this revised manuscript. Besides, there are still language and abbreviation issues. "Ventriculoperitoneal" occurring after the first time in text should all be replaced with "VP". What do you mean by "mo" in Study Design section? There are 2 full stops in the sentence in Discussion section "The average hematoma volume of DICH is 10.92 mL.". The word "overestimateds" is wrongly spelled. Please check thoroughly all related discrepancies and inconsistencies in your manuscript before re-submission.