

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 73025

**Title:** Presentation of Boerhaave's syndrome as an upper-esophageal perforation associated with a right-sided pleural effusion: A case report

**Provenance and peer review:** Unsolicited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 03645427

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Chief Doctor, Director

**Reviewer's Country/Territory:** South Korea

**Author's Country/Territory:** China

**Manuscript submission date:** 2021-11-07

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-11-08 11:58

**Reviewer performed review:** 2021-11-08 13:04

**Review time:** 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 Grade E: Do not publish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 type="checkbox"/> Grade B: Minor language polishing <input checked="" 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
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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<b>Peer-reviewer statements</b>	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**

Borhaave's syndrome is extremely rare, but very fatal. Your case is clinically informative because spontaneous esophageal full thickness muscle rupture without any cause of injury is more difficult to make a timely diagnosis. However, in a case of pleural like this case, diagnostic thoracentesis is essential. Although patient and his family refused therapeutic thoracentesis or chest tube insertion, diagnostic centesis with a needle is less invasive. Discussion section is comprehensive and well-written.

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**Reviewer's code:** 03738573

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Director

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** China

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**Reviewer chosen by:** AI Technique

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<b>Scientific quality</b>	<input checked="" type="radio"/> Grade A: Excellent <input type="radio"/> Grade B: Very good <input type="radio"/> Grade C: Good <input type="radio"/> Grade D: Fair <input type="radio"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="radio"/> Grade A: Priority publishing <input type="radio"/> Grade B: Minor language polishing <input type="radio"/> Grade C: A great deal of language polishing <input type="radio"/> Grade D: Rejection
<b>Conclusion</b>	<input type="radio"/> Accept (High priority) <input checked="" type="radio"/> Accept (General priority) <input type="radio"/> Minor revision <input type="radio"/> Major revision <input type="radio"/> Rejection
<b>Re-review</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<b>Peer-reviewer statements</b>	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

The authors aimed to report a case of spontaneous esophageal rupture misdiagnosed as pleural effusion at an early stage and share their experience during diagnosis and treatment of spontaneous esophageal rupture. This is a well-designed study. The tables and graphs present the findings effectively. I congratulate the authors for their efforts in this field. This subject is an issue that will not be out of date and has the potential to always design a new study on it. However, I do have some questions and concerns outlined below about their study.

1) This is a hot and interesting topic. Because spontaneous esophageal rupture is easy to be misdiagnosed during diagnosis, it is of great significance to distinguish it from other diseases in the treatment process. However, the authors don't discuss the relevant content in detail. Relevant content should be added to the discussion section. I believe that the discussion of this topic may also increase the strength of this study.

2) Additionally, the spontaneous esophageal rupture was often triggered by vomiting, but the authors only described the patient's vomiting in the outpatient and didn't mention the evolution of the patient's symptoms of vomiting. Did the patient have a subsequent episode of vomiting during her stay in hospital?