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# PEER-REVIEW REPORT

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

**Manuscript NO:** 73662

**Title:** Capillary leak syndrome: A rare cause of acute respiratory distress syndrome

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

**Peer-review model:** Single blind

**Reviewer's code:** 05346971
**Position:** Peer Reviewer
**Academic degree:** MD
**Professional title:** Doctor
**Reviewer's Country/Territory:** Slovenia
**Author's Country/Territory:** India

**Manuscript submission date:** 2021-11-30

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-11-30 06:52

**Reviewer performed review:** 2021-11-30 08:26

**Review time:** 1 Hour

| | |
|---|---|
| **Scientific quality** | [ ] Grade A: Excellent [ Y] Grade B: Very good [ ] Grade C: Good<br>[ ] Grade D: Fair [ ] Grade E: Do not publish |
| **Language quality** | [ ] Grade A: Priority publishing [ Y] Grade B: Minor language polishing<br>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection |
| **Conclusion** | [ ] Accept (High priority) [ Y] Accept (General priority)<br>[ ] Minor revision [ ] Major revision [ ] Rejection |
| **Re-review** | [ Y] Yes [ ] No |
| **Peer-reviewer** | Peer-Review: [ Y] Anonymous [ ] Onymous |

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| **statements** | Conflicts-of-Interest: [ ] Yes [ Y] No |
|---|---|

**SPECIFIC COMMENTS TO AUTHORS**

This letter to the editor sheds light on the problem of treating a very rare condition, capillary leak syndrome, in which the mortality rate is still very high, at the same time we still have no concrete instructions for the treatment and management of such patients. The authors discuss the benefits of proning, steroid and IVIG therapy and finally point out ECMO, which seems to be an excellent strategy to overcome the obstacles of the leak and post-leak phase of CLS, especially in patients with severe or refractory hypoxemia. I support the publication of this letter considering that the role of steroids is not sufficiently emphasised in this letter. In the case of CLS treatment at our institution (we also had extremely specific challenges such as for exp PMID: 34368198; PMCID: PMC8334176), it was steroids that turned the patient's situation toward survival. I recommend adding a sentence or two to explain in what doses or regimens steroids have been administered in CLS cases so far.

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**Reviewer's code:** 03555433
**Position:** Editorial Board
**Academic degree:** MD, PhD
**Professional title:** Associate Professor
**Reviewer's Country/Territory:** Taiwan
**Author's Country/Territory:** India

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**Reviewer accepted review:** 2021-12-01 05:03

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| | |
|---|---|
| **Scientific quality** | [ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good<br>[ ] Grade D: Fair [ ] Grade E: Do not publish |
| **Language quality** | [ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing<br>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection |
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|---|---|

**SPECIFIC COMMENTS TO AUTHORS**

The authors added more information to the case report describing a rare case of severe capillary leak syndrome in organophosphorus (OP) poisoning and use of veno-venous extracorporeal membrane oxygenation for the treatment. There are several comments for this manuscript.  Please correct "cm of H2O" as "cm H2O".  The author may consider deleting the following sentences: "CLS is a rare and……idiopathic CLS (Clarkson's disease)." The authors may provide more information about the benefit of intravenous immunoglobin (IVIG).  The authors may consider deleting the following paragraph: "Irrespective of the etiology, the pathophysiology of CLS is common—an increase in capillary permeability by disrupting the adhering junctions between endothelial cells, leading to a loss of protein-rich fluid from the intravascular to the interstitial space. The initial leaky phase is followed by the post leak phase, which may be complicated by cardiogenic pulmonary edema from the overzealous fluid resuscitation. Hence, the emphasis on using conservative fluid strategies after an accurate assessment of blood volume status and hemodynamic parameters [5]."  The authors may consider revising the paragraph of conclusion.