

## PEER-REVIEW REPORT

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

**Manuscript NO:** 74773

**Title:** Anesthetic management for intraoperative acute pulmonary embolism during inferior vena cava tumor thrombus surgery: a case report

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

**Peer-review model:** Single blind

**Reviewer's code:** 05476795

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2022-01-06

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-01-08 01:45

**Reviewer performed review:** 2022-01-09 00:15

**Review time:** 22 Hours

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 Grade E: Do not publish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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



**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

<b>Peer-reviewer statements</b>	Peer-Review: [ <b>Y</b> ] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [ <b>Y</b> ] No
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#### **SPECIFIC COMMENTS TO AUTHORS**

The authors reported a case of intra-operative, acute pulmonary embolism (APE) due to a tumor thrombus, which derived from the renal, extending to the IVC. APE was detected through intraoperative capnography, by a decrease in ETCO<sub>2</sub> which was further confirmed by trans-esophageal echocardiography (TEE). The authors suggested that immediate/ early recognition of APE is critical in order to provide prompt treatment and prevent detrimental outcomes. Overall, manuscript was well-structured and no meaningful grammatical errors were found. Please discuss the limitations of the study.

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**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

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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 checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

This case report describes A hepatic cell carcinoma (HCC) patient occurred APE during tumor thrombectomy with Anesthetic management. In this case, multidepartment has rescue the patient successfully. But there were great risk such as bleeding during heparinization, side effect such as IVC filter. My questions and suggestions are as follows: 1. For HCC patient, there is no TNM tumor stage and liver function evaluation(Child-Push grade). And has no PT (prothrombin time) and APTT(activated partial thromboplastin time). 2. In the history of illness, "the origin of the tumor may come from clear cell type renal cell carcinoma (RCC)." Is there any pathology results? Why do you think it come from lear cell type renal cell ? 3. there is no way to identify inferior vena cava is the tumor emboli or thrombus, in the discussion should have some points to conduct.

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**Academic degree:** MD

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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 type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

Specific Comments To Authors: Dear Authors, The manuscript describes the timely recognition and management of acute pulmonary embolism in a case of kidney tumor with inferior vena cava (IVC) tumor thrombus under anesthesia. 1. In Figure 1A, The IVC tumor thrombus was intrahepatic level, However, the authors misspelled it as infrahepatic level. 2. The image is not clear and standard in Figure 2 (Shoot freely with your mobile phone) . 3. In Figure 4, is the image of preoperative chest CT replaced by CT pulmonary angiogram more convincing? Preoperative accurate evaluation is very important. 4. The patient was hepatocellular carcinoma with renal tumor and inferior vena cava tumor thrombus is rarely suitable for surgical treatment. 5. Inferior vena cava embolism is a common cause of pulmonary embolism. Combined with the patient's medical history, inferior vena cava filter should be considered to prevent pulmonary embolism. 6. Although acute pulmonary embolism was confirmed by the transesophageal echocardiography during operation, it is not suitable for thrombolytic treatment (it is not a thrombus) because it is a cancer thrombus, and intraoperative thrombolysis also increase the risk of bleeding.