

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-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 75517

Title: Intestinal microbiome changes in an infant with right atrial isomerism and recurrent necrotizing enterocolitis: A case report and review of literature

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05208463

Position: Peer Reviewer

Academic degree: PhD

Professional title: Academic Fellow, Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Russia

Manuscript submission date: 2022-02-16

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-25 10:49

Reviewer performed review: 2022-03-05 12:25

Review time: 8 Days and 1 Hour

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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



Baishideng **Publishing**

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Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This manuscript investigated the microbiome composition in an infant underwent two episodes of NEC. Although the NEC has a multi etiology, the authors have analyzed the pathogenesis of these two episodes of NEC in a very clear and easy-to-understand approach. The information in this article is relevant and will be interesting to the neonatologist and pediatric gastroenterologists. I have some comments as follows: 1. Page 10, on the section of "history of the first episode of NEC", why did this baby receive the epinephrine (α and β receptor), non-epinephrine (α receptor), and dobutamine (β receptor) simultaneously? The action of these inotropic agents overlaps at some extent. 2. Page 12, on the section of "final diagnosis". The cardiogenic NEC is a special definition? If available, please adopt guidelines or expert consensus to clarify the criterion for diagnosing cardiogenic NEC. 3. After both episodes of NEC, enteral feeding was initialized with hydrolyzed formula. Why is breast milk not the first choice? 4. Aspirin, as one representative of NSAIDs group, acts by inhibiting the Cox, which could theoretically increase the risk of NEC. So, what is the role of aspirin on the pathogenesis of the second episode of NEC?



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Peer-review model: Single blind

Reviewer's code: 05038685

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Chief Physician, Associate Professor, Surgeon

Reviewer's Country/Territory: China

Author's Country/Territory: Russia

Manuscript submission date: 2022-02-16

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-03-13 04:24

Reviewer performed review: 2022-03-22 03:40

Review time: 8 Days and 23 Hours

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



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Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This case report describes the dynamics of the intestinal microbiome composition in serial fecal samples of an neonate obtained before and after surgery for congenital heart disease. This is a good topic. However, as a case report, the article is a bit lengthy. Here are some suggestions: 1."Materials and Methods" section is not necessary for Case Report. The detection method of fecal microbiota profiles can be described in "Laboratory examinations" part. Other laboratory testing methods such as Fecal culture or Blood culture are routine and therefore do not require a detailed description of the procedure. 2. The discussion part of this article is tedious and should be simplified. This article focuses on intestinal microbiome changes in an infant with right atrial isomerism and recurrent necrotizing enterocolitis, so the cardiopulmonary bypass (Paragraphs 11 and 12 in the Discussion)-- should not be discussed alone here.



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RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 75517

Title: Intestinal microbiome changes in an infant with right atrial isomerism and recurrent necrotizing enterocolitis: A case report and review of literature

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05038685

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Chief Physician, Associate Professor, Surgeon

Reviewer's Country/Territory: China

Author's Country/Territory: Russia

Manuscript submission date: 2022-02-16

Reviewer chosen by: Meng-Tian Li (Quit 2022)

Reviewer accepted review: 2022-04-26 14:28

Reviewer performed review: 2022-04-26 14:41

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	 [] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	 [] Accept (High priority) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous



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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

None