

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 75874

Title: Spontaneous internal carotid artery pseudoaneurysm complicated with ischemic stroke in a young man: A case report and review of literature

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05465142

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2022-02-20

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-21 14:43

Reviewer performed review: 2022-02-23 10:24

Review time: 1 Day and 19 Hours

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 Grade E: Do not publish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 checked="" type="checkbox"/> Grade A: Priority publishing <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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Peer-reviewer statements	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

Dear authors, thank you for your interesting report, that I recommend for publication. Please find below some suggestions: - please be more specific about the site of the pseudo-aneurysm and the site of the pseudo-aneurysm considered in your review. In all section of the manuscript. - i suggest to use the definition "ischemic stroke" rather than "infarction, since in the images isn't possible to show blood infarction, but only hypodensity at CT scan - do not use subheading in the case report section....2 sentences each, no need. - line 77 specify that there was no history of ACUTE trauma - please add 10.1016/j.wneu.2019.12.179 in line 122 and 129 about trauma - I found the discussion well written and organized. You could also discuss about the importance of the treatment choice based on the etiology 10.3171/2021.4.FOCUS21111. But in general the discussion sounds good. Congrats

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Peer-review model: Single blind

Reviewer's code: 00724070

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Assistant Professor

Reviewer's Country/Territory: Slovenia

Author's Country/Territory: China

Manuscript submission date: 2022-02-20

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-25 15:06

Reviewer performed review: 2022-02-25 15:35

Review time: 1 Hour

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 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

This is an interesting case report. It is nicely written and I do not have special major recommendations. Overall, I recommend accepting the manuscript. I have a few minor suggestions: In the Introduction, can authors assay more about the background of pseudoaneurysms? The Introduction can be broadened to bring basic information about the topic (incidence, pathology, pathophysiology, overview of symptoms ...). In the Case presentation, the authors do not report about the possible DSA. The DSA is mentioned in the follow up only. So, did the imaging involve also the DSA at the beginning of the treatment? The authors need to be more precise here. Babinski sign cannot be positive or negative. What is a negative Babinski? The plantar response is in flexion or extension and the plantar response in the extension is the 'positive Babinski'.

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Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05388269

Position: Peer Reviewer

Academic degree: MD, RN

Professional title: Assistant Professor, Attending Doctor, Doctor, Nurse, Research Assistant, Staff Physician, Statistician, Surgeon

Reviewer's Country/Territory: Philippines

Author's Country/Territory: China

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Reviewer chosen by: AI Technique

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Review time: 6 Days and 13 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 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
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

SPECIFIC COMMENTS TO AUTHORS

Comments to authors: 1. Introduction a. Can you state most common location of carotid artery pseudoaneurysm; incidence of internal carotid artery pseudoaneurysm? Most common cause or risk factor? – in contrast to your case 2. Is the patient smoker? 3. Was there any problems noted on the cervical spine/ discs? 4. DISCUSSION – Worth putting a short discussion about STROKE and the incidence of carotid artery pseudoaneurysm as etiology? a. Lesson to discuss: In patients presenting with stroke, an internal carotid PA should be considered and etc... Such that Carotid UTZ or cervical CTA should be considered. b. 2nd: Short sentence on how ICA PA would look like on CTA, Doppler UTZ, DSA. c. State guidelines in managing CA PA (if there's any available) d. State short sentence or 2 about indications to proceed with medical treatment, Endovascular and Surgery.. Including studies on their long term outcomes. e. Part of Conclusion, I suggest: "The etiology of spontaneous ICA PA remains unknown." 5. Suggest to include in your table 1. Another last column on "OUTCOMES" - state months follow-up and patient status. Overall, great case report and literature review as it consolidates all available data on ICA PA presenting as stroke.

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Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04978174

Position: Editorial Board

Academic degree: MD, MSc, PhD

Professional title: Assistant Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: China

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Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-20 15:20

Reviewer performed review: 2022-03-02 20:06

Review time: 10 Days and 4 Hours

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 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 authors reported a case report of a patient with spontaneous pseudoaneurysm that developed stroke in a young patient, and they managed him conservatively. I congratulate the authors for the successful management of their case as well as for their work in the literature review. However, the paper had multiple issues that could require substantial improvement.

Introduction: * The author mentioned, "Rupture of the arterial wall may occur due to several reasons, such as iatrogenic injury, trauma, infection, or tumor invasion." Would you please add a reference to this sentence? *

According to the CARE guidelines, It is recommended that the authors mention in the introduction what is unique about this case? What does it add to the literature?

Methods: Please mention when the literature was searched, search terms, and database used.

Case Report: * In the physical examination, would you please explain in more detail the neurological examination such as the motor in both upper limbs and lower limbs, reflexes, sensation, cranial nerve examination? * Any previous surgery? * The author mentioned, "Cerebral angiography indicated a pseudoaneurysm at the origin of the left internal carotid artery with mild stenosis." What do the authors mean by angiography? Is it DSA? Please add a figure with this? * Did the patient have an MRI or DWI? * In the final diagnosis section, would you discuss the cerebral infarction too? *

The author mentioned, "Low-dose alteplase and oral anticoagulation and antiplatelet therapy." Did the authors use alteplase for a five-day-old infarction? Would you please support this with scientific evidence? * The author mentioned, "On cervical CTA, the size of pseudoaneurysm at the origin of the left carotid artery was significantly smaller than before, which was consistent with the results of digital subtraction angiography (DSA)."

Would you please add figures for these images? * In the follow-up section, would you please mention when the patient returned to work and any prophylactic measures discussed? Discussion: * The author mentioned, "Spontaneous pseudoaneurysms are rare entities. Spontaneous pseudoaneurysms associated with stroke are exceedingly rare." Would you please add a reference to this sentence? * The author mentioned, "In the 14cases reviewed by us, the etiology of 7 cases (54%) was trauma[6-10]." These are five references. Are there two studies missing, or are there studies that had more than one case? * The author mentioned, "The patient worked as a ceiling decorator, whose daily work required working with his face up for a long time. The prolonged neck extension may have caused damage to the wall of the internal carotid artery, which contributed to the formation of pseudoaneurysm." On what basis is your hypothesis? There are many jobs that the patients are looking up, but we don't see this commonly? * The author mentioned, "the thrombus embolized to the M1 segment of the left middle cerebral artery, resulting in ischemic infarction of the left cerebral artery." Which cerebral artery? Furthermore, MCA commonly causes UL weakness. * The author mentioned, "It is a noninvasive, cost-effective, and radiation-free method." Would you please add a reference to this sentence? * The author mentioned, "Surgery and endovascular therapy are two main treatment modalities for carotid pseudoaneurysm." Would you please add a reference to this sentence? * The author mentioned, "Open surgery is associated with a high risk of severe complications." Would you please add a reference to this sentence? * The author mentioned, "The specific treatment approach for carotid pseudoaneurysm depends on its location." Would you please add a reference to this sentence? * Would you please include all the studies that reported the same pathology in your review of literature? For example: Chavan R, Ichaporia N, Vhora S, et al. Endovascular management of internal carotid artery pseudoaneurysms: Retrospective observational study. *Interdisciplinary Neurosurgery*. 2021;24:101042. General: The English language

level is poor, and there are too many errors to identify individually in this revision.
Hence, a revision by a professional is highly recommended.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 75874

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Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04978174

Position: Editorial Board

Academic degree: MD, MSc, PhD

Professional title: Assistant Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: China

Manuscript submission date: 2022-02-20

Reviewer chosen by: Jia-Ping Yan

Reviewer accepted review: 2022-04-13 08:14

Reviewer performed review: 2022-04-14 05:27

Review time: 21 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 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

statements

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

SPECIFIC COMMENTS TO AUTHORS

I would like to thank the authors for addressing our comments. I have to 2 minor comments that need to be addressed. * OLD COMMENT: Methods: Please mention when the literature was searched, search terms, and database used. Response: Thanks for the insightful comment. In fact, we also wanted to show the retrieval process, but did not know which part to put this content in. After your suggestion to show the retrieval process, we have provided this information in the discussion section. We had initially only searched the Pubmed, and the search method was subject words plus free words. The specific search strategy is as follows: (((Ischemic Strokes[Title/Abstract]) OR (Stroke, Ischemic[Title/Abstract]) OR (Ischaemic Stroke[Title/Abstract]) OR (Ischaemic Strokes[Title/Abstract]) OR (Stroke, Ischaemic[Title/Abstract]) OR (Cryptogenic Ischemic Stroke[Title/Abstract]) OR (Cryptogenic Ischemic Strokes[Title/Abstract]) OR (Ischemic Stroke, Cryptogenic[Title/Abstract]) OR (Stroke, Cryptogenic Ischemic[Title/Abstract]) OR (Cryptogenic Stroke[Title/Abstract]) OR (Cryptogenic Strokes[Title/Abstract]) OR (Stroke, Cryptogenic[Title/Abstract]) OR (Cryptogenic Embolism Stroke[Title/Abstract]) OR (Cryptogenic Embolism Strokes[Title/Abstract]) OR (Embolism Stroke, Cryptogenic[Title/Abstract]) OR (Stroke, Cryptogenic Embolism[Title/Abstract]) OR (Wake-up Stroke[Title/Abstract]) OR (Stroke, Wake-up[Title/Abstract]) OR (Wake up Stroke[Title/Abstract]) OR (Wake-up Strokes[Title/Abstract]) OR (Acute Ischemic Stroke[Title/Abstract]) OR (Acute Ischemic Strokes[Title/Abstract]) OR (Ischemic Stroke, Acute[Title/Abstract]) OR (Stroke, Acute Ischemic[Title/Abstract])) OR ("Ischemic Stroke"[Mesh]) AND ((((((Aneurysms, False[Title/Abstract]) OR ((False Aneurysms[Title/Abstract])) OR (Pseudoaneurysm[Title/Abstract])) OR (Pseudoaneurysms[Title/Abstract])) OR (False



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Aneurysm[Title/Abstract]))) OR ("Aneurysm, False"[Mesh])) Filters: Case Reports. However, After reading the advice you gave me on including all the cases, I deeply realized that the cases I included were not comprehensive. Therefore, I re-searched literatures in Embase and Web of Science databases, and a total of 98 cases were retrieved in the three databases. Finally, 16 cases were selected and included. I really appreciate your suggestion, which makes my literature review more complete. NEW COMMENT: Would you please add these search terms as a supplementary file so any researcher can reproduce your result. * OLD COMMENT: In the follow-up section, would you please mention when the patient returned to work and any prophylactic measures discussed? Response: In the follow-up section, we had omitted the patient's discharge advice, especially the intervention measures to prevent the recurrence of cerebral infarction. We have added the description of measures to prevent ischemic stroke. In addition, we learnt at the sixth month follow-up that the patient was a freelancer, and he had not yet returned to work. But in general, he is in good physical and mental condition. NEW COMMENT: Would you please mention this in the results and in discussion as a limitation because of the short term follow-up.