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# PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 78049

Title: Postpartum posterior reversible encephalopathy syndrome secondary to

preeclampsia and cerebrospinal fluid leakage: A case report and literature review

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02941318 Position: Peer Reviewer Academic degree: MD

**Professional title:** Professor

Reviewer's Country/Territory: South Korea

Author's Country/Territory: China

Manuscript submission date: 2022-06-07

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-06-07 15:16

Reviewer performed review: 2022-06-10 22:34

**Review time:** 3 Days and 7 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Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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	[ Y] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ ] 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

Thank you for your good submission. There are a few things that need to be corrected 1. Postpartum posterior reversible encephalopathy syndrome and supplemented. (PRES) is known to be accompanied by nausea, vomiting, and visual impairment. Did the patient have symptoms such as nausea, vomiting, and visual disturbances? If not, it would be better to state that it was not accompanied. 2 In the discussion section, it would be better if the description of diseases requiring differential diagnosis should be added. For example, the postpartum period is generally considered to be increased risk of various cerebral disorders, such as reversible cerebral vasoconstriction syndrome (RCVS), posterior reversible encephalopathy syndrome (PRES), and eclampsia. Especially, PRES and RCVS show similar clinical features, and may overlap. So, differential diagnosis is required. 2. Please refer to the part marked in red and correct the underlined part. Warm regards,



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Reviewer's code: 06208034 Position: Peer Reviewer Academic degree: MD

**Professional title:** Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

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Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-06-07 07:10

Reviewer performed review: 2022-06-11 22:10

**Review time:** 4 Days and 14 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) [ Y] Minor revision [ ] 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

Review comments The authors report a case of PRES following lumbar puncture headache and postpartum. The case is interesting and well discussed, but a few minor issues must be pointed out. Abbreviations for the first time should be stated in full word (page 4 line 65, ASA). Some PRES are associated with major hemorrhage or blood transfusion. Please describe the amount of blood loss associated with the cesarean procedure. The letters in Figure 1 are overlapped. Is this fixable? Page 6; Were there any electrolyte abnormalities? Please describe serum levels of sodium, potassium, magnesium, calcium, and phosphorus. Page 6; you mention "T2 hyperintensity," however, the figure seems to be FLAIR. Please fix it. Were the DWI and ADC findings consistent with PRES? Please describe. I can't understand the term "reversibe ischemia." Please specify and show me what kind of ischemic lesions can be reversible. Page 7; Please indicate the antihypertensive drugs you used. I myself understand that intramuscular diazepam injection is ineffective as an anticonvulsant. Please cite the rigor literature and provide evidence that intramuscular injection of diazepam is useful as an anticonvulsant. We cannot publish a case report of a treatment for which there is no evidence. Page8; MRI images are difficult to see, please enhance the brightness.