

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 78226

Title: Successful treatment of pulmonary hypertension in an extremely low birth weight infant with bronchopulmonary dysplasia: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03985747

Position: Peer Reviewer

Academic degree: DPhil

Professional title: Assistant Professor, Postdoc

Reviewer's Country/Territory: Iran

Author's Country/Territory: China

Manuscript submission date: 2022-06-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-06-19 09:30

Reviewer performed review: 2022-06-25 06:54

Review time: 5 Days and 21 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 Grade E: Do not publish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 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

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

This manuscript consider combination of bosentan and tadalafil in the treatment of pulmonary hypertension in an infant with an extremely low birth weight and bronchopulmonary dysplasia". I concern about the below comments: 1. Delete " and literature review" in the title 2. The topic of the manuscript is "Combination of bosentan and tadalafil in the treatment of pulmonary hypertension in an extremely low birth weight infant with bronchopulmonary dysplasia", but the authors didn't mention in background of abstract and in conclusion about the current treatment. Authors should mention the therapeutic effect of combination of bosentan and tadalafil in the treatment the studied disorder. 3. The authors have written "The baby was born prematurely for four hours" in "CASE PRESENTATION" part. Is it correct??? 4. Please organize the history of infant, Treatment, and condition of the infant after the current treatment in a chart. It is more easier to understand for readers. 5. Discuss more details of the previous research about the therapeutic effect of combination of bosentan and tadalafil in the treatment of BPD.

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Peer-review model: Single blind

Reviewer's code: 05088164

Position: Associate Editor

Academic degree: MD, PhD

Professional title: Full Professor

Reviewer's Country/Territory: Romania

Author's Country/Territory: China

Manuscript submission date: 2022-06-17

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-07-30 09:36

Reviewer performed review: 2022-07-31 18:49

Review time: 1 Day and 9 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 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
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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

SPECIFIC COMMENTS TO AUTHORS

The manuscript "Combination of bosentan and tadalafil in the treatment of pulmonary hypertension in an extremely low birth weight infant with bronchopulmonary dysplasia: A case report and literature review" by Jiao Li bring to the readers the possible use of tadalafil and bosentan in infants with pulmonary hypertension due to bronchopulmonary dysplasia. Also, an important issue presented was the role of NT-pro-BNP in analyzing the risk and the prognosis of pulmonary hypertension due to bronchopulmonary dysplasia. The case is interesting and generally well written, following the steps for a case report. The discussion includes a narrative review of the BPD-associated PH, including NT-proBNP's role in monitoring and treatment (including nitric oxide, Sildenafil, Tadalafil and Bosentan). Regarding the use of bosentan in infants, the authors should probably include this reference: Mohamed WA, Ismail M. A randomized, double-blind, placebo-controlled, prospective study of bosentan for the treatment of persistent pulmonary hypertension of the newborn. J Perinatol. 2012 Aug;32(8):608-13. doi: 10.1038/jp.2011.157. Also, in Discussions, it would be better to mention the possible side effects, liver injury and teratogenic effects. The liver function should be monitored for the treatment's duration, as demonstrated in adults. In the Introduction, I suggest that the authors should cite the references read regarding the sentences from line 88 (bosentan), line 90 (European guidelines and tadalafil) and line 91 (reports on using tadalafil in children). In the Conclusion section of the manuscript, I would mention the name of tadalafil and bosentan as this was the main idea of the case report, besides the role of NT-proBNP in monitoring the disease (as it is in the Conclusions of the Abstract). Regarding some minor issues: - The images from Figure 1

may be enlarged; - Figure 2 title should include the time when Rx was performed; - All abbreviated words should be explained at the first use and then abbreviated (verify line 77 and line 85); - Specify the diuretic treatment in line 148; - Do not use "can't" but "can not"; - Verify the name of tadalafil in line 298.

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Peer-review model: Single blind

Reviewer's code: 05449007

Position: Peer Reviewer

Academic degree: MBBS, MD

Professional title: Academic Fellow, Doctor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2022-06-17

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-08-04 13:25

Reviewer performed review: 2022-08-04 15:54

Review time: 2 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input checked="" 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 type="checkbox"/> Grade C: A great deal of language polishing <input checked="" type="checkbox"/> Grade D: Rejection
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SPECIFIC COMMENTS TO AUTHORS

Authors describe an interesting case of Pulmonary Hypertension Associated with Bronchopulmonary Dysplasia. The case is of interest to the readership and they highlight an important topic through the literature review. However, the case report is poorly written with significant redundancy. They do not even mention how old the infant was when born (have to atleast mention gestational age, pre-gestational work up including ultrasound screening etc). It is entirely unclear how they made the diagnosis of PH solely based on echocardiographic features and without the diagnostic right heart catheterization (RHC) with vasoreactivity. This is especially important as they also mention the presence of right to left shunt which may complicate treatment with pulmonary vasodilator. While RHC may not be necessary for diagnosis if it can not be done due to critical illness or contraindication, the authors should mention that in their report suggesting that diagnosis was made purely on echo findings without catheterization. Additionally, they have to describe the echo findings including tricuspid regurgitation velocity, RV/LV ratio, Tricuspid annular planar systolic excursion (TAPSE) and RV size and function to suggest severe PH.