

## PEER-REVIEW REPORT

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

**Manuscript NO:** 78875

**Title:** Segmental artery injury during transforaminal percutaneous endoscopic lumbar discectomy: Two cases report with literature review

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

**Peer-review model:** Single blind

**Reviewer's code:** 06215370

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Chief Doctor, Professor

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

**Author's Country/Territory:** South Korea

**Manuscript submission date:** 2022-07-23

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-07-23 08:52

**Reviewer performed review:** 2022-07-23 10:21

**Review time:** 1 Hour

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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<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**

Thanks for sharing such meaningful cases. Suggestions: 1. Please re-upload the original figures, such as Figure 2. (A) and (B); 2. Please supplement the laboratory results of these two patients, such as blood routine and coagulation function results; 3. There are some misuses, such as the second “at” in “Case 1: He was transferred to the emergency department at our hospital at 17 hours after surgery.” Please recheck the whole manuscript carefully.

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**Reviewer's code:** 05352073

**Position:** Peer Reviewer

**Academic degree:** MD

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**Author's Country/Territory:** South Korea

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**Reviewer chosen by:** Dong-Mei Wang

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**Review time:** 1 Day and 23 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
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## SPECIFIC COMMENTS TO AUTHORS

This manuscript reported two cases of segmental artery injury during transforaminal percutaneous endoscopic lumbar discectomy. It was indeed rare cases and even rarer for those treated by emergency transarterial embolization. It is a serious and urgent complication surgeons should pay much attention to. It is a good case report! However, in the discussion part, the main “take-away” lessons are lacking. It is of great significance to discuss how to avoid the artery injury, and once injured, how to deal with it. And what’s the indication for transarterial embolization, as some artery injuries can be treated conservatively. And for transarterial embolization, is there any risks or complications? For example, it is generally acknowledged that the segmental artery located at the cephalic part of the foramen. In order to avoid artery injury, the work cannula must enter the spinal canal though the caudal part of the foramen. And in my clinical practice, if severe bleeding happens during the endoscopic surgery, I will apply compression hemostasis by gelatin sponge until obvious bleeding stops. These clinical knowledges are recommended to add in the discussion part. Minor flaw exists. Line 20, NPH should have a full form here.