

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 79053

Title: Unexplained septic shock after colonoscopy with polyethylene glycol preparation in a young adult: case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06187298

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor, Lecturer

Reviewer's Country/Territory: Romania

Author's Country/Territory: China

Manuscript submission date: 2022-07-31

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-01 05:10

Reviewer performed review: 2022-08-07 21:10

Review time: 6 Days and 15 Hours

| | |
|--------------------|---|
| Scientific quality | <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 Grade E: Do not publish |
| 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 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 type="checkbox"/>] Anonymous [<input checked="" type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No |
|-------------------------------------|---|

SPECIFIC COMMENTS TO AUTHORS

Congratulations for this very rare case of septic shock following PEG preparation for colonoscopy. Some observations are in order: In ABSTRACT -> CASE PRESENTATION OBSERVATION 1: [...] The male's previous physical examination showed no abnormal indicators and colonoscopy showed normal [...] Please specify to what do you refer as "normal". OBSERVATION 2: [...] Immediate resuscitation and intensive care with appropriate antibiotics [...] Please provide the class of antibiotics used or the association of classes. Later on, in the Case Presentation section, you mention only one antibiotic (Tezhixing) so where is the plural coming from? In BACKGROUND OBSERVATION 3: [...] After reviewing the literature [...] Please provide the methods used for literature review: databases used, terms, operators, restrictions on search results (if any), range in years for the timespan. In CASE PRESENTATION OBSERVATION 4: [...] The results of gastroscope showed: hiatal hernia, [...] Please clarify if the patient did undergo both upper digestive endoscopy as well as lower digestive endoscopy (colonoscopy) in the same session, and if so, what investigation was the first. This is important for the differential diagnosis. OBSERVATION 5: [...] multiple polyps in the fundus (removed by biopsy forceps [...] Please provide more details regarding this finding: number of polyps, dimensions, aspect, grouping. Did you send the resected specimens for pathology examination and if so, what was the result? Was it an all-cold biopsy or some sort of electroresection was also involved? These are important in discussing the differential diagnosis. OBSERVATION 6: [...] without coffee-like substances [...] Please clarify this statement. What do you mean by this term? OBSERVATION 7: [...] straight bile [...] Please use standard medical terms for the



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

fractions of Bilirubin, such as: conjugated/direct bilirubin or unconjugated/indirect bilirubin. OBSERVATION 8: [...] stomach protection, liver protection [...] Please provide full medication (active principles and dosage) administered to the patient as this is also an important point of discussion. OBSERVATION 9: [...] with severe infection, septic shock, and multiple organ failure, then transferred to the intensive care unit (ICU) [...] Based on what criteria? For the panel provided so far in the text, the patient should have not been diagnosed with septic shock or MOF. Also, please provide other important details such as SpO₂, acid-base balance, etc. In DISCUSSION OBSERVATION 10: [...] Tezhixing [...] Please provide the active drug and class of medication instead of the commercial name of the drug. Also, dosage is important and ways of administration Please provide, either in full text or in the form of a table, the complete list of differential diagnosis for this case, besides an infection with intestinal point of origin. OBSERVATION 11: [...] however, this case also provided some caution [...] Please state what the cautions should be, since the patient did not had any flags in his medical history and no associated comorbidities. Provide some sort of criteria to be monitored in order to identify the risk of developing septic shock after PEG preparation for colonoscopy.

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 79053

Title: Unexplained septic shock after colonoscopy with polyethylene glycol preparation in a young adult: case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02885211

Position: Peer Reviewer

Academic degree: DO

Professional title: Associate Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2022-07-31

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-18 17:18

Reviewer performed review: 2022-08-22 10:30

Review time: 3 Days and 17 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 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 |



**Baishideng
Publishing
Group**

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-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

1. What is Tezhixing authors need to clarify agent for western readers 2. Clearly this patient had issues" not necessarily healthy" belching diarrhea ect authors should discuss abnormalities in Gut microbiome as a predisposing factor 3. what were pts risk for bacterial translocation? what were albumin levels any pre colonoscopy labs