

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 79075

Title: Accidental esophageal intubation via a large type C congenital tracheoesophageal

fistula: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03724259

Position: Editor-in-Chief

Academic degree: MBBS, MD

Professional title: Additional Professor

Reviewer's Country/Territory: India

Author's Country/Territory: South Korea

Manuscript submission date: 2022-08-01

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-01 08:44

Reviewer performed review: 2022-08-01 11:26

Review time: 2 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	 [] Accept (High priority) [] Accept (General priority) [] Minor revision [] Major revision [Y] Rejection
Re-review	[Y]Yes []No



Peer-reviewer	Peer-Review: [] Anonymous [Y] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors describe management of TEF repair. The ETT was inserted under guidance using a VL but auscultation was not done to confirm the placement. This is a routine practice and reason for omitting such an important thing is not clear



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Peer-review model: Single blind

Reviewer's code: 06292203

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: South Korea

Manuscript submission date: 2022-08-01

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-01 11:52

Reviewer performed review: 2022-08-01 13:27

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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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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	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors demonstrated a clinical case of TEF type C with unintentional esophageal intubation and complicated with desaturation. The patient was rescued with mask ventilation and reintubated again and carefully adjusted the position with the assistance of ascultation and end-tidal CO2. The scenerio is educational and worth for publication. 1. In Abstract CASE SUMMARY "However, after inflating the ETT cuff, breath sounds were not checked on bilateral auscultation. Instead, gastric sounds were checked. " and FINAL DIAGNOSIS " On auscultation, breath sounds were not checked bilaterally. ", the authors did or did not checked the breath sounds? I believed the authors did checked the breath sounds but the breath sounds were not heard. 2. Did authors evaluate the role of video-stylet in such cases? 3. In Discussion paragraph 6 line 4-5: "Based on type C TEF illustrations in general, the trachea and esophagus are connected perpendicularly." Please add the reference. Also, the authors could check whether or not the angle of type C TEF is different in congenital TEF in neonates and secondary TEF in adults. 4. Figure 2 panel B and C are duplicated. Figure 3 and Figure 2 panel A are duplicated. It would be better if they are integrated into 2 figures. 5. Is there any perioperative photo of the TEF?



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Peer-review model: Single blind

Reviewer's code: 03271173

Position: Peer Reviewer

Academic degree: PhD

Professional title: Professor

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

Manuscript submission date: 2022-08-01

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-01 14:18

Reviewer performed review: 2022-08-11 04:51

Review time: 9 Days and 14 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [Y] 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) [] Minor revision [Y] 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

Comments to the Author(s): For the case part: 1. Please confirm whether congenital heart disease should appear in "personal and family history"? I consider it's appropriate to be included in "History of past illness". 2. In the "Physical examination" section, whether or not the physical examination of the heart is normal? Please specify this. 3. In the "Imaging examinations" section, please report the original imaging findings of the congenital heart disease. 4. In the "FINAL DIAGNOSIS" section, the authors should make a final diagnosis of congenital heart disease and tracheoesophageal fistula, rather than describe the anesthesia process. 5. In the "OUTCOME AND FOLLOW-UP" section, the follow-up section is missing? For article content: 1. The patient underwent traditional tracheal intubation without "Fogarty catheter". The author pointed out the importance of CT evaluation before intubation. CT assessment before intubation improves the success rate of traditional tracheal intubation? Please detail the clinical significance of this case. 2. This is a rare case of a neonate with congenital heart disease and a tracheoesophageal fistula. However, as far as the field of anesthesiology is concerned, there are no difficulties to perform an intubation. In my opinion, this paper should focus on the standardized management and follow-up in the field of neonatal cardiothoracic surgery to avoid unnecessary issues in the similar cases. 3. The authors claimed "However, it can be challenging in patients with TEF because of the anatomical abnormalities of the airway." Please detailed what challenges for patients with TEF can be addressed by this case? For traditional tracheal intubation or cutting-edge technology? 4. The references need to be updated.



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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03485016

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

Manuscript submission date: 2022-08-01

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-02 15:43

Reviewer performed review: 2022-08-11 14:48

Review time: 8 Days and 23 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] 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



Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors of the manuscript report a case of accidental esophageal intubation via a large congenital tracheoesophageal fistula (Type C) converted successfully into tracheal intubation by review of tracheal CT, to obtain important information about the type, size, position, and angle of TEF and find out the cause of the accident. The authors conclude that preanesthetic anatomical evaluation of TEF using imaging studies is essential for successful tracheal intubation. Two opinions in this manuscript for reference only. 1) The information of the depth of ETT placed from the lip is also very important. Can this be learned from tracheal CT beforehand? 2) The discussion seems a little bit lengthy and can be concise.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Clinical Cases Manuscript NO: 79075 **Title:** Accidental esophageal intubation via a large type C congenital tracheoesophageal fistula: A case report Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed Peer-review model: Single blind **Reviewer's code:** 03271173 **Position:** Peer Reviewer Academic degree: PhD Professional title: Professor Reviewer's Country/Territory: China Author's Country/Territory: South Korea Manuscript submission date: 2022-08-01 Reviewer chosen by: Ji-Hong Liu Reviewer accepted review: 2022-08-31 06:19 Reviewer performed review: 2022-09-01 05:50 Review time: 23 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] 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) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous



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statements

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

SPECIFIC COMMENTS TO AUTHORS

no