

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 79081

Title: Management of ductal spasm in a neonate with pulmonary atresia and an intact ventricular septum during cardiac catheterization: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05769246

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: China

Manuscript submission date: 2022-08-01

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-09-05 21:41

Reviewer performed review: 2022-09-17 21:39

Review time: 11 Days and 23 Hours

Scientific quality	☐ Grade A: Excellent ☒ Grade B: Very good ☐ Grade C: Good ☐ Grade D: Fair ☐ Grade E: Do not publish
Language quality	☐ Grade A: Priority publishing ☒ 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 ☐ Major revision ☐ Rejection
Re-review	☐ Yes ☒ 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: ☒ Anonymous ☐ Onymous

Conflicts-of-Interest: ☐ Yes ☒ No

SPECIFIC COMMENTS TO AUTHORS

A very well done case report, best of luck

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 79081

Title: Management of ductal spasm in a neonate with pulmonary atresia and an intact ventricular septum during cardiac catheterization: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02446694

Position: Editorial Board

Academic degree: FACC, FACP, FAHA, FESC, MD, PhD

Professional title: Director

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-08-01

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-10-06 13:45

Reviewer performed review: 2022-10-14 18:31

Review time: 8 Days and 4 Hours

Scientific quality	☐ Grade A: Excellent ☐ Grade B: Very good ☒ Grade C: Good ☐ Grade D: Fair ☐ Grade E: Do not publish
Language quality	☐ Grade A: Priority publishing ☒ 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 ☐ Major revision ☐ Rejection
Re-review	☒ Yes ☐ No

**Peer-reviewer
statements**

Peer-Review: ☒ Anonymous ☐ Onymous

Conflicts-of-Interest: ☐ Yes ☒ No

SPECIFIC COMMENTS TO AUTHORS

This is a very interesting case report, but I have some questions. #1 The catheterization after pulmonary valve dilation shows shrinkage of the ductus arteriosus, but is this generally considered spasm? Personally, I think that spasm is a functional abnormality that is reversible, meaning that it can be reversed with some treatment. #2 The authors should describe the possible mechanisms by which the ductus arteriosus can cause spasm on aortography. #3 Similarly, the shrinkage of ductus arteriosus after pulmonary valve dilation seems to be a possible mechanism if progressive pulmonary arterial blood flow is produced. It would be desirable to describe in detail whether progressive pulmonary arterial blood flow was maintained in the present case. Also, if ductus arteriosus reduction can occur in cases such as the present case, it would seem that it would be better to have a set of ductus arteriosus stenting. The authors should discuss about them. #4 In the "discussion" section, the dosage of PGE1 is mentioned, but is it possible that the dosage in this case was low? #5 Regarding the figure 1, what kind of catheter was used for contrast in Figure 1B? Was there any possibility of shrinkage of the ductus arteriosus due to the catheter itself? Furthermore, the authors should attach a picture of the stent after it was placed, as Figure 1C.