

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Critical Care Medicine*

**Manuscript NO:** 80074

**Title:** Severe Hyponatremia in Hyperglycemic Conditions; Managing it Effectively: A Case Report

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

**Peer-review model:** Single blind

**Reviewer's code:** 05430684

**Position:** Peer Reviewer

**Academic degree:** MD, MSc, PhD

**Professional title:** Chief Doctor

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

**Author's Country/Territory:** United States

**Manuscript submission date:** 2022-09-18

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-09-18 11:28

**Reviewer performed review:** 2022-09-20 15:12

**Review time:** 2 Days and 3 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 Grade E: Do not publish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 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

<b>Peer-reviewer statements</b>	Peer-Review: [ <input type="checkbox"/> ] Anonymous [ <input checked="" type="checkbox"/> ] Onymous Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No
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## SPECIFIC COMMENTS TO AUTHORS

I studied carefully the manuscript entitled "Severe Hyponatremia in Hyperglycemic Conditions; Managing it Effectively" by Lathiya MK et al. This is a very interesting and highly educative case report. The clinical dilemma is clearly described and the discussion is well organized adequate. References could be more focused and updated. In general, the authors avoided grammatical and syntax errors. Before considering publication, some comments can be discussed with the authors: Major comments - Indeed, the use of free water via nasogastric tube as a rescue treatment for severe hyponatremia has not been extensively discussed in the literature; however, the authors are welcome to mention and discuss a highly-related paper (de Vos EAJ, van der Voort PHJ. ICU acquired hyponatremia treated by enteral free water - A retrospective cohort study. J Crit Care. 2021 Apr;62:72-75. doi: 10.1016/j.jcrc.2020.11.013. Epub 2020 Nov 21. PMID: 33285372.). - The authors are encouraged to additionally discuss a newly published case series of severe hyponatremia along with ketoacidosis and hyperglycemic hyperosmolar state, focusing especially on the third, fatal case, which was characterized by severe hypovolemia (Choo SJ, Lee HG, Kim CJ, Yang EM. Severe hyponatremia in soft drink ketoacidosis and hyperglycemic hyperosmolar state at the onset of type 2 diabetes mellitus: a case series of three adolescents. Clin Pediatr Endocrinol. 2022;31(2):81-86. doi: 10.1297/cpe.2021-0075. Epub 2022 Feb 16. PMID: 35431447; PMCID: PMC8981042.). Minor comment Table 1 could be organized so as to include arterial blood parameters during the whole hospitalization period, mainly for educational purposes.

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**Peer-review model:** Single blind

**Reviewer's code:** 05405614

**Position:** Editorial Board

**Academic degree:** PhD

**Professional title:** Associate Professor

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

**Author's Country/Territory:** United States

**Manuscript submission date:** 2022-09-18

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-09-21 00:46

**Reviewer performed review:** 2022-09-21 00:55

**Review time:** 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input 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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" 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>

<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input type="checkbox"/> ] Onymous Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No
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#### **SPECIFIC COMMENTS TO AUTHORS**

none

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

**Name of journal:** *World Journal of Critical Care Medicine*

**Manuscript NO:** 80074

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

**Peer-review model:** Single blind

**Reviewer's code:** 05430684

**Position:** Peer Reviewer

**Academic degree:** MD, MSc, PhD

**Professional title:** Chief Doctor

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

**Author's Country/Territory:** United States

**Manuscript submission date:** 2022-09-18

**Reviewer chosen by:** Zhen-Heng Wei

**Reviewer accepted review:** 2022-10-08 07:17

**Reviewer performed review:** 2022-10-08 17:41

**Review time:** 10 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input 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
Peer-reviewer	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous

statements

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

#### **SPECIFIC COMMENTS TO AUTHORS**

I studied carefully the revised manuscript entitled "Severe Hyponatremia in Hyperglycemic Conditions; Managing it Effectively". The authors have taken into consideration all points arisen. In detail: 1) The two additional relevant publications have been discussed in the relevant section with a proper and comprehensive manner. 2) The detailed presentation of arterial blood gas analysis (Table 1) is rather poor as it covers only the first 48 hours (hyponatremia resolved the fifth day), while some key parameters, including  $\text{FiO}_2$ , bicarbonates, lactates, and anion gap are absent. These values are very crucial for better understanding the beneficial role of the proposed treatment. Ideally, fluid balance monitoring and diuresis in that period of the first 5 days could be incorporated in the table for educational purposes. Given that the authors can present a complete Table 1, I would propose acceptance.