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PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 82299

Title: Airway ultrasound for patients anticipated to have a difficult airway: Perspective for personalized medicine

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06332371
Position: Peer Reviewer
Academic degree: MD
Professional title: Researcher, Surgeon
Reviewer's Country/Territory: Turkey
Author's Country/Territory: Japan

Manuscript submission date: 2022-12-14

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-12-14 13:50

Reviewer performed review: 2022-12-22 15:09

Review time: 8 Days and 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] 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
Re-review	[Y] Yes [ ] No

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

SPECIFIC COMMENTS TO AUTHORS

Congratulations to the authors for their successful reviews.

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Reviewer's code: 05935566
Position: Peer Reviewer
Academic degree: MBBS, MS
Professional title: Assistant Professor, Doctor
Reviewer's Country/Territory: India
Author's Country/Territory: Japan

Manuscript submission date: 2022-12-14

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-01-10 04:29

Reviewer performed review: 2023-01-10 04:30

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Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

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Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
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
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Well written article

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Peer-review model: Single blind

Reviewer's code: 06335109
Position: Peer Reviewer
Academic degree: MD

Professional title: Associate Chief Physician, Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Japan

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Reviewer chosen by: Geng-Long Liu

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Reviewer performed review: 2023-01-17 09:23

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Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No creativity or innovation

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Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
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 statements	Peer-Review: [ ] Anonymous [Y] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

1. Abstract From the mode of writing the review abstract, the abstract needs to be more general and global, especially the description of the cricothyroid membrane identification by airway ultrasound. It is to be hoped that the abstract will be further improved to comply with this requirement. 2. The authors conclude that there are two main types of methods for predicting difficult airways. The first type is the skin-to-airway distance. The second type of method is the hyomental distance ratio, which corresponds to different types of difficult airways according to their anatomical significance. 1) I would like to see a more detailed description of "skin to epiglottis distance as a predictor of difficult intubation" by the authors. In P8, the authors mention that skin-to- epiglottis distance is also a predictor of difficult mask ventilation, and I would like the authors to provide a more detailed description and more literature support. 2) The distance from skin to hyoid bone and skin to the anterior commissure of vocal cords, the anterior cervical soft tissue thickness at the level of the thyrohyoid membrane. The above indicators have clinical significance in previous studies, and I would like the authors to add these indicators , such as the advantages and

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disadvantages in clinical application. 3. In Table 1, the authors give the cut-off values of ultrasound indicators for predicting difficult airways, which should be cited from the following studies, with a citation mark. 1) Falcetta S, Cavallo S, Gabbanelli V, Pelaia P, Sorbello M, Zdravkovic I, Donati A. Evaluation of two neck ultrasound measurements as predictors of difficult direct laryngoscopy: A prospective observational study. Eur J Anaesthesiol. 2018 Aug;35(8):605-612. doi: 10.1097/EJA.0000000000000832. PMID: 29889671. 2) Rana S, Verma V, Bhandari S, Sharma S, Koundal V, Chaudhary SK. Point-of-care ultrasound in the airway assessment: A correlation of ultrasonography-guided parameters to the Cormack-Lehane Classification. Saudi J Anaesth. 2018 Apr-Jun;12(2):292-296. doi: 10.4103/sja.SJA_540_17. PMID: 29628843; PMCID: PMC5875221. 3) Xu L, Dai S, Sun L, Shen J, Lv C, Chen X. Evaluation of 2 ultrasonic indicators as predictors of difficult laryngoscopy in pregnant women: A prospective, double blinded study. Medicine (Baltimore). 2020 Jan;99(3):e18305. doi: 10.1097/MD.0000000000018305. PMID: 32011432; PMCID: PMC7220303. 4. I would like the authors to explain why these cutoffs are presented in Table 1. Is it because these cutoff values have better sensitivity and specificity compared to other studies? 5. In P8 “The distance from the skin to the epiglottis is a predictor of difficulty for direct laryngoscopy and mask ventilation. The hyomental distance ratio is a predictor of difficult direct laryngoscopy, and tongue base thickness is a predictor of difficult mask ventilation.” This is an attractive description, and I hope the author will discuss it in detail and provide supporting literature. 6. In this manuscript, the authors summarize a number of single ultrasound parameters used to predict the difficult airways and hope that the authors can complement the research content on multi-parameter combinations of ultrasound parameters used to predict the difficult airways. 7. In P12 "Kristensen et al. recommend that the technique used for identification of the cricothyroid membrane should be chosen by the patient” This statement may be confusing to the reader. I want

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the authors to determine "by the patient" or "by the doctor" 8. In P14 “In many cases, overlap of different degrees of difficult tracheal intubation and difficult mask ventilation are present.” What this describes is clinically significant because it is a huge problem. In the following paragraph, the author quotes "The American Society of Anesthesiologists' Task Force on Management of the Difficult Airway" to describe how to deal with such difficulties. It is to be hoped that the author will be able to give a more detailed account of the solution of this difficult problem. 9. Endotracheal intubation in a child or newborn infant may also present a difficult airway for the physician because the determination of the correct diameter of the endotracheal tube（ETT）is difficult, in cases of tracheal stenosis or for a double-lumen tube (DLT), especially in small patients, it is useful to precisely know the diameter of the subglottic upper airway. It is to be hoped that the authors will be able to add to this. 10. As a novel prediction method for difficult airways, ultrasound outperforms traditional prediction methods in terms of sensitivity and specificity, such as such as the thickness of the anterior cervical soft tissues, Hyomental distance ratio. However, it is still believed that airway ultrasound is still inadequate in predicting difficult airways and is affected by several factors. Examples include the training of ultrasound examiners, the patient's position, as far as the timing of the evaluation (whether the patient is awake or under anesthesia, etc.), we hope that the authors can make more additions here.