

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 84409

**Title:** Massive pulmonary embolism in Klippel-Trenaunay syndrome after leg raising

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

**Peer-review model:** Single blind

**Reviewer's code:** 02488945

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Doctor, Lecturer

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

**Author's Country/Territory:** Taiwan

**Manuscript submission date:** 2023-03-12

**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-04-07 14:05

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**Review time:** 19 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 Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<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

## SPECIFIC COMMENTS TO AUTHORS

The case report of “Massive pulmonary embolism in Klippel-Trenaunay syndrome after leg raising” is well presented; however, the manuscript needs the following corrections/additions before publication:

- The authors mention that “A 12-year-old girl with KTS underwent excision of verrucous hyperkeratosis in the left foot and posterior aspect of the left leg and left thigh and excision of a cutaneous hemangioma in the right buttock.” Did the patient undergo surgery after an episode of Pulmonary embolism? If so when? If not then change the sentence to: A 12-year-old girl was scheduled for excision of verrucous hyperkeratosis in the left foot and posterior aspect of left leg and left thigh as well as excision of cutaneous haemangioma in the right buttock. (line 65 to 67)
- Line 80 -82: should be written as: Diagnosis of KTS is established when two of the triad features, viz. capillary malformation (port wine stains), hypertrophy of soft tissue or bones and varicose veins, are present.
- Do mention how many cases in the world are reported in the literature till now.
- Line 84-85: kindly change as: Dislodgement of the clots from pre-existing thrombosed veins upon movements and subsequent migration to pulmonary circulation can lead to massive pulmonary

embolism. • Line 86: "There are few reports of patients with severe PEs after leg sterilization". Kindly give the references. • Line 91: authors mention that she had hemihypertrophy..... of what? • Line 92-93: mention when the last surgery was performed. • Line 93-95: "On admission, she would receive excision of verrucous hyperkeratosis on the left foot and posterior aspect of the left leg and thigh and excision of a cutaneous hemangioma on the right buttock" Change it as "She was admitted for excision of verrucous hyperkeratosis on the left foot and posterior aspect of the left leg and thigh and excision of a cutaneous hemangioma on the right buttock." • After line 97 do mention what other pre-operative investigations were done. Any relevant finding on pre-anesthetic examination whether there was any hypertrophy of soft tissue in the mouth and intubation was going to be easy or difficult. • To start with the procedure, the patient's heart rate was 111/minute. Was the cause for this tachycardia established pre-operatively? Any heart examination was done to rule out right ventricular failure was done? Since the surgery was on blood vessels, was pre-operative angiography or scans were done? If not then why or else it would have established pre-existing thrombosis in the lower limbs or DVT. This should be mentioned in the discussion if these investigations were not performed pre-operatively. • Any DVT prophylaxis like LMWH was given to this patient at least 8 hours prior to the proposed surgery? • What was the indication to perform arterial blood gas analysis (ABG) immediately after induction? • Was the Hb 8.4 G% pre-operatively too as I find no reason for Hb to drop on induction of anesthesia? Did anyone try to correct that pre-operatively? • What was done for 60 minutes after induction of anesthesia? Why did the surgeons take so long to prepare the limb for surgery? • Line 112: "The blood gas was redrawn" please replace with "The ABG analysis was repeated." • Line 113: after 63 minutes CPR was started. Did the patient have a cardiac arrest at this stage. If so then clearly mention that. • Line 118-119: Right Femoral vein was cannulated. If the DVT was suspected as a cause for PE



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)  
<https://www.wjgnet.com>

then is it wise to cannulate the femoral vein? It would be wiser to use the neck veins under ultrasound guidance for CVC. Kindly mention this in discussion why the femoral vein was used for CVC. If there was no particular reason then mention as an error on the part of the anesthesiologist who performed it. • Line 117-118: CPR was started again after 83 minutes....did the patient have a second cardiac arrest? If yes, the mention that clearly. • Was hypothermia induced intentionally? If not then mention in the discussion that incidental hypothermia protected patient's brain and helped in full recovery of the patient. • Line 154: was this 12-year-old girl patient stratified according to the Modified Well's criteria? If so then mention the score of the patient in the discussion. • In discussion also list the anesthetic problems that are encountered during, before and after surgery in patients with KTS. (Difficult airway, potential neurovascular malformation leading to contraindication for neuraxial block, possibility of excessive bleeding intraoperatively, risk of PE, DIC etc) • Line 156- 165: was it done for the reported patient? Computed tomographic angiography of the lower limbs should have been done for the reported patient. • Conclusion should also include: All patient having KTS should be evaluated of lower limb circulation and pre-existing DVT pre-operatively. Also, all patients with KTS should receive DVT prophylaxis at least 8 hours prior to surgery irrespective of the age. • Clearly mention if the surgery was abandoned. If so then throughout the manuscript please mention post-incident and not post-operatively where applicable.

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**Reviewer's code:** 05336288

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

**Author's Country/Territory:** Taiwan

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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
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<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<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

## SPECIFIC COMMENTS TO AUTHORS

Abstract: The inferior vena cava (IVC) filter might be ineffective in patients with KTS. This statement is not a direct observation of the current study and therefore may not be included in the abstract. Patient presentation: elaborately discussed Discussion: Are there any previously published articles on this subject. Kindly include Reasonably well written paper