

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 85436

Title: Interpeduncular Cistern Intrathecal Targeted Drug Delivery for Intractable Postherpetic Neuralgia: A Case Report and Review

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00526025

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2023-07-01

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-08-08 04:24

Reviewer performed review: 2023-08-10 03:44

Review time: 1 Day and 23 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" 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 type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" 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
Peer-reviewer statements	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

You reported a patient with one-year history of severe postherpetic neuralgia who underwent interpeduncular intrathecal catheter insertion followed by continuous infusion of hydromorphone. The patient's pain decreased after intracisternal infusion of hydromorphone. I applaud that the successful management of difficult postherpetic neuralgia. However, the manuscript needs drastic amendments to improve its scientific value. General comments: Scientific manuscripts should provide enough contents for readers to understand the clinical course of the patient(s) in case report. You need to describe the clinical course of the patient(s) precisely and objectively, avoiding your judgement. When the adopted treatment was effective in a given patient, it should be interpreted that the treatment was effective in the given patient. It is extremely important not to state that the treatment may effective in other pain conditions because you did not study the efficacy of the treatment in other pain conditions. I cannot understand that the patient received "aggressive" medications to treat postherpetic neuralgia, because you did not state the names and doses of medications the patient received. I would like to recommend that you decide which you would more like to

focus on: treatment of postherpetic neuralgia by interpeduncular cisternal infusion of hydromorphone or successful insertion of a catheter into interpeduncular cistern via C3/4. Specific comments: Abstract: What is your definition of “aggressive?” You need to state the names and doses of medications the patient received. Then, readers would interpret them if the treatment was aggressive or not. You did not state the clinical course of the patient satisfactorily after intracisternal hydromorphone. Concise description of clinical course of the patient after hydromorphone treatment is important in your case report. I do not think it has any meaning by stating 0.032mg/day without mention of drug name. You need to state the patient’s condition preferably six months after stopping intracisternal hydromorphone. Conclusion: You need to state drug names instead of just “opioids.” I would recommend that the statement “and other forms... pain.” be deleted. Core tip: I would recommend that the statement “This case prove...experience,” be deleted. Introduction: You need to state what drugs were used for subcutaneous injection. The expression “Currently, first stage treatments..., as second stage therapies.” needs reference. You need to state why an intrathecal catheter tip is usually positioned below the level of cranial nerve root entry zone. You need to state the region of postherpetic neuralgia instead of just stating PHN.

Case presentation: You need to state permission to publish the case report from the patient. History of present illness: You need to state drug names and doses of medications the patient received for readers to understand your meaning of “aggressive medical treatment,” which is essential for your manuscript. Physical examination: Did the patient have “vesicular rash” even one year after the onset of herpes zoster? I do not think Figures 1 and 2 are essential. Treatment: You need to state the patient gave informed consent for the treatment. Please explain “nondestructive needle.” I would recommend that you state how long the procedure lasted. Outcome and Follow-up: One figure that shows doses of hydromorphone and pain levels against time

would show your meticulous titration of hydromorphone. I would like to know follow-up study of the patient more than three months after quitting intracisternal hydromorphone. Discussion Are there any reports that studied patients with postherpetic neuralgia with continuous subarachnoid injection of opioids? You stated that "According to clinical experience, the spinal trigeminal nucleus is second order...pain signal centrally." Can clinical experience show that the spinal trigeminal nucleus is second order neuron? Your patient, fortunately, did not show any apparent complications related to the catheter insertion into the interpeduncular cistern. As the treatment is invasive, you need to mention potential complications related to the procedure. Last paragraph: I cannot understand the meaning of "puncture of catheter."

Conclusion: I would recommend that "is" of "...by IDDS is an effective..." be changed to "was." You cannot discuss safety of any treatment, especially invasive one, by one case study. I would recommend that "safe" of "...safe way..." be deleted. I would recommend that "and other forms of... adverse effects." be deleted. END

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05677318

Position: Editorial Board

Academic degree: Doctor, MD, PhD

Professional title: Associate Professor, Research Scientist, Senior Researcher, Senior Scientist

Reviewer's Country/Territory: Croatia

Author's Country/Territory: China

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Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-08-10 08:43

Reviewer performed review: 2023-08-14 00:15

Review time: 3 Days and 15 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
Novelty of this manuscript	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty

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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	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

In general, very interesting paper with very interesting topic. Authors represented novel therapy approach for very hard condition with very high influence on patients quality of life. In my opinion specialists in this field will be interested for this topic. Of course, this is case report and for some scientific conclusion some randomized study with longer follow up period should be done. Very interesting paper with very interesting topic.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2023-07-01

Reviewer chosen by: Xin-Liang Qu

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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 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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

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

SPECIFIC COMMENTS TO AUTHORS

I applaud you for revising the manuscript satisfactorily in a very short time. I have enjoyed reviewing your excellent work. I have only one suggestion for you. The content of oxycodone should be stated. END