

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Surgery*

**Manuscript NO:** 86057

**Title:** Postpolypectomy syndrome without abdominal pain led to sepsis/septic shock and gastrointestinal bleeding: A case report

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

**Peer-review model:** Single blind

**Reviewer's code:** 02673241

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2023-07-20

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-07-21 15:39

**Reviewer performed review:** 2023-07-21 16:14

**Review time:** 1 Hour

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 Grade E: Do not publish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 type="checkbox"/> Grade B: Good <input checked="" 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 type="checkbox"/> Grade B: Good <input checked="" 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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<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

## SPECIFIC COMMENTS TO AUTHORS

In this case, the patient developed fever and decreased blood pressure during polypectomy. Procalcitonin and culture results do not support sepsis, and there is very little evidence to support the diagnosis of sepsis/septic shock. Pulmonary thromboembolism, air embolisms, and fat embolisms are among the differential diseases. Please explain the basis for the diagnosis of sepsis/septic shock.    Abstract No changes  
Introduction Please describe the terminology and definitions of sepsis and septic shock.  
Case summary Describe the reference values of blood gas analysis results. Please state the reference values for the results of various blood samples. You state that the diagnosis of sepsis was made based on Sepsis-3 diagnostic criteria. Please provide the results of blood culture, urine culture, etc. and the final peak value of procalcitonin. Please provide the basis for your diagnosis of infection, not just cytokine release. Has a contrast CT of the chest been performed? Pulmonary thromboembolism, air embolisms, fat embolisms, etc. are differentials. Discussion Define PPS. Why do you say sepsis when there is no bacteriological evidence of sepsis? Please provide rationale.

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**Peer-review model:** Single blind

**Reviewer's code:** 02888255

**Position:** Peer Reviewer

**Academic degree:** FCCP, MBBS, MD

**Professional title:** Chief Doctor

**Reviewer's Country/Territory:** United Arab Emirates

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

**Manuscript submission date:** 2023-07-20

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-07-20 10:18

**Reviewer performed review:** 2023-07-25 16:00

**Review time:** 5 Days and 5 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 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
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<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

This is a interesting case of PPS without abdominal pain. The case is well presented and limitation of unable to perform CT immediately after the episode is acknowledged.