Dear Dr. Jin-Lei Wang,

Thank you very much for your decision letter and additional advice on our manuscript

entitled "Analysis of risk factors for postoperative deep vein thrombosis after

craniotomy and nomogram model construction" (Manuscript NO.: 87327). We also

thank the reviewers for reviewing our revised manuscript and further comments. We

are pleased to have the opportunity to address their additional concerns. As before, all

amendments are indicated by yellow highlights in the revised manuscript. In addition,

our point-by-point responses to the latest comments are listed below this letter.

This revised manuscript has again been edited and proofread by Medjaden Inc.

We hope that the further revised manuscript is now acceptable for publication in your

journal and look forward to hearing from you soon.

Yours sincerely,

Xin-yu Hong

First, we would like to sincerely thank the reviewers for their constructive and positive

comments.

Replies to Reviewer and Company editor-in-chief

**Specific Comments** 

Thank you for your submission. Your manuscript was an interesting read. The

manuscript is well organized and follows a clear flow. Unfortunately, there was no

novelty in this work compared to similar articles and there are many similar articles

with this title. which is mentioned in some of these

articles: <a href="https://doi.org/10.1016/j.thromres.2018.03.016">https://doi.org/10.1016/j.thromres.2018.03.016</a> DOI:

10.4103/ajns.AJNS\_351\_19 https://doi.org/10.1016/j.surneu.2005.04.039 DOI: 10.4103/2277-

9167.138915 https://doi.org/10.1016/j.jocn.2013.07.003 https://doi.org/10.1186/s1301 8-022-03268-1

Reply: Thank you for your valuable comments. Many previous studies have identified risk factors for the occurrence of DVT after orthopedic, gastrointestinal, or urological surgeries. Several studies have also specifically investigated the risk factors for DVT following brain surgery. However, they either date back to earlier periods or were conducted in a single center in different courtiers. Therefore, in the present work, we aimed to identify the risk factors for lower extremity DVT and investigate the effect of intraoperative IPC on the formation of postoperative DVT in Chinese patients. We have revised the last paragraph of the Introduction section and cited relevant references to highlight the novelty of this work.

## Company editor-in-chief:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content. When revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the

manuscript. To this end, authors are advised to apply a new tool, the RCA. RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <a href="https://www.referencecitationanalysis.com/">https://www.referencecitationanalysis.com/</a>.

Reply: Thank you for your valuable suggestion. We have searched the RCA database and cited the following references in the revised manuscript. The 2<sup>nd</sup> paragraph of the Introduction section has also been revised accordingly:

Age, body mass index (BMI), smoking history, platelet count, D-dimer, and surgical-related factors have been identified as risk factors for postoperative DVT [4-16]. ... The use of anticoagulants after surgery for the prevention of DVT formation remains inconclusive. Previous studies [20,21] have demonstrated that immediate anticoagulation intervention after surgery can effectively prevent low extremity DVT. However, this approach significantly increases the risk of fatal cerebral hemorrhage and the cost of treatment. Conversely, some studies [34] have suggested that postoperative application of anticoagulants does not result in a reduction in the incidence of DVT. We also performed an internal validation of nomogram and analyzed its utility. We also modified the title and keywords to highlight the innovative aspects of the predictive modelling.

## **References:**

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Deep Vein Thrombosis (ONCO DVT study): An Open-label, Multicenter, Randomized Clinical Trial. Circulation. 2023 Aug 28. doi: 10.1161/CIRCULATIONAHA.123.066360. Epub ahead of print. PMID: 37638968.

Gao Z, Zhao K, Jin L, Lian X, Zhang Z, Ma L, Hou Z. Combination of neutrophil to lymphocyte ratio, platelet to lymphocyte ratio with plasma D-dimer level to improve the diagnosis of deep venous thrombosis (DVT) following ankle fracture. J Orthop Surg Res. 2023 May 16;18(1):362. doi: 10.1186/s13018-023-03840-3. PMID: 37194103; PMCID: PMC10189914.

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Zhang L, He M, Jia W, Xie W, Song Y, Wang H, Peng J, Li Y, Wang Z, Lin Z. Analysis of high-risk factors for preoperative DVT in elderly patients with simple hip fractures and construction of a nomogram prediction model. BMC Musculoskelet Disord. 2022 May 11;23(1):441. doi: 10.1186/s12891-022-05377-8. PMID: 35546231; PMCID: PMC9092837.