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PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 88120

Title: Lung ultrasound (LUS) for the early diagnosis of acute lung injury

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05927757
Position: Peer Reviewer
Academic degree: FCCP, FRCS, MBBS, MS

Professional title: Academic Editor, Consultant Cardiac Surgeon, Director, Surgeon

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2023-09-11

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-09-11 16:38

Reviewer performed review: 2023-09-20 15:19

Review time: 8 Days and 22 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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 [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) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors have reported on a case in whom a diagnosis of pulmonary edema was made in the operating room by the use of Lung ultrasound. This alerted the anesthetist to take remedial measures and the patient went on to have surgery. This article would add to the literature highlighting the use of lung ultrasound as an additional tool in sick patients during anesthesia, who can't be shifted to CT scan. I have the following comments to make about the figures. 1) Figure 1 - Chest X ray on admission - shows obliteration of the right costophrenic angle suggestive of minimal right sided effusion. The left costophrenic angle is however quite sharp and it is difficult in this picture to say there is left pleural effusion. In the text of the manuscript, the authors have mentioned the presence of "bilateral pleural effusion" on Chest X ray. Perhaps the authors could clarify this. 2) Figure 3 - CT scan of the chest on admission to ICU - the cross section of CT scan image posted - does not quite show classical picture of pulmonary edema. Maybe if the authors pointed out the features of pulmonary edema in the picture by means of arrows and description. Perhaps the positive pressure ventilation and fluid management during anesthesia changed the CT appearances. The image does show

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bilateral posterior opacities in dependent position and increased vascular shadows. Perhaps use of some other cross section which classically shows peri-hilar alveolar opacification, if available, would be appropriate. If the authors would like to have the same image, then justification of only minimal findings of pulmonary edema needs to be mentioned in the manuscript such as the effect of positive pressure ventialtion and corrective measures during anaesthesia.