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## JOURNAL EDITORIAL BOARD'S REVIEW REPORT

**Name of journal:** World Journal of Respiriology

**Manuscript NO:** 88524

**Title:** Pulmonary infarct masquerading as community acquired pneumonia in the COVID-19 scenario: A case report

**Journal Editor-in-Chief/Associate Editor/Editorial Board Member:** Kazuhiro Yamaguchi

**Country/Territory:** Japan

**Editorial Director:** Jia-Ping Yan

**Date accepted review:** 2023-11-17 13:20

**Date reviewed:** 2023-11-19 08:19

**Review time:** 1 Day and 18 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Major revision

### JOURNAL EDITORIAL BOARD COMMENTS TO AUTHORS

General comment The authors reported the case with consolidation in the lung field in association with severe hypoxemia. Although the abnormal shadow in the lung field was initially diagnosed as pneumonia, it was finally confirmed to be the shadow caused by the pulmonary infarction (PI), including the pseudo-infarction associated with alveolar hemorrhage. The reviewer would agree to the authors' opinion that when we encounter the pneumonia-like shadow with disproportionate hypoxemia, we need to consider the possibility of PI and/or PE (pulmonary embolism). Therefore, the reviewer supposes that the present study reports the clinically instructive case. However, the manuscript is unripe and there are many mistakes in English, which hinders the essential understanding concerning the important issues in the present case (see below). Major comments 1) Although the authors are Indians, indicating that they are English-speaking scientists, there are many



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portions with inappropriate words and grammatical errors in English. I attached the PDF file in which I extracted the parts that seemed to be wrong and inserted the content that appeared to be correct in red. The reviewer suggests the authors to consult again the native-English scientist with a high quality regarding the medical problems. 2) It is necessary to provide the detailed laboratory data at the time of admission. Furthermore, the authors should present the blood data on congenital anomalies related to blood coagulopathy at the beginning of thrombolytic therapy. The latter is necessary to consider the possible cause of pulmonary embolism that seems to be derived by a peculiar cause unrelated to the common cause elicited by deep vein thrombosis. There is some possibility that the present case is initiated by the primary pulmonary arterial thrombosis that is very rare in this field. Therefore, it is indispensable for knowing the congenital anomalies provoking the blood coagulation. The above-mentioned data should be summarized in one Table. 3) Referring to the data on congenital anomalies concerning blood coagulation, the reviewer requests the authors to discuss about the possible cause of primary pulmonary thrombosis in a more detailed fashion. The reviewer is convinced that this discussion will greatly increase the value of the present case report.