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PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 91009

Title: Airway management of a patient with linear immunoglobulin A bullous dermatosis: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05913135

Position: Peer Reviewer

Academic degree: Doctor, MA, MD

Professional title: Deputy Director, Surgeon, Surgical Oncologist

Reviewer's Country/Territory: Germany

Author's Country/Territory: United States

Manuscript submission date: 2023-12-19

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-12-21 08:40

Reviewer performed review: 2023-12-21 11:31

Review time: 2 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 Grade E: Do not publish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 type="checkbox"/> Grade C: Fair <input checked="" 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 type="checkbox"/> Grade C: Fair <input checked="" type="checkbox"/> Grade D: No scientific significance
Language quality	<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
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

The authors present a case of a successful complication management in a patient with an autoimmune disease. The patient had an emergency operative procedure during which she experienced extensive oral bleedings due to a preexisting condition, which were controlled by oral packing and invasive ventilation until drug treatment of the underlying disease took effect. The message is that a multidisciplinary approach before an operation is important, including precautions concerning preexisting comorbidities forbidding ambulatory surgery. In emergency situations good communication between different specialities is vital (which is always the case). A protocol for complication management is provided. The title and abstract are meaningful and concise. The Conclusion and Core Tip support the message. Keywords are relevant. The Introduction gives a lot of information about Linear IgA Bullous Dermatitis (LABD). Relevant introductory information for this case are only the first two paragraphs, which should end with the mentioning of limited literature about airway management in these cases (like Line 105-108). The following paragraphs and informations are relevant for the Discussion and are repeated there. They are not relevant for the Introduction and could

be deleted. The Case Presentation is extensive but a little mixed up. The History of the present Illness of course includes LABD. The preoperative diagnosis and first line treatment is described in the personal and Family History section but it should be integrated in the Present Illness History as it is relevant for the present case. The same applies to the patient's economic situation, as it probably was the reason for the discontinuation of the treatment, resulting in aggravation of symptoms. The patients preexisting depression and anxiety might have played a role as well. If so, it should be mentioned. The eye injury was an emergency procedure. It is questionable, why this had to take place in an ambulatory setting and the patient was not transferred to the main hospital preoperatively. The physical examination had revealed the extensive oral ulcerations and the medical history was disclosed before the operation when there still had been time for a transfer to the main hospital. In an emergency setting there might have been reasons for starting the procedure in the ambulatory center with organised transfer postoperatively, but this should be mentioned explicitly. The Case Outline gives details about the airway management and the course of events. The first paragraph of the Discussion does not add to this section and could be moved to the Introduction. In this part it should be made clear, if different additional diagnoses were taken into account or discarded and which considerations led to the reported airway management. Where there any alternatives to not doing an emergency procedure right away? Was it not an option to start LABD treatment before the operation and transfer the patient to the main hospital beforehand? The second paragraph is in large parts only a repetition of the Introduction. It does not add any new points. Drug-induced LABD is not uncommon (and mentioned in Lines 248/249), but it needs to be explicitly explained, why an idiopathic LABD was assumed in this case, as discontinuation of an inducing agent would have been the first hand treatment. This point somehow is mentioned in the Conclusion but does not belong there. The pharmaceutical treatment of LABD is then

mentioned with possible complications. That is o.k., but the local actions controlling the bleeding are very relevant. The effect of Dapsone after 72 hours is good to know, but an anaesthetist experiencing oral bleeding needs to control these right away. That of course is standard for ENT anaesthesia, but are there special issues in LABD to be considered? If not, that would be worth mentioning as well, as it would then just be an issue of “bridging” the patient until the medication takes effect. The Conclusion is not really a good summarization. First, it includes considerations which should be part of the Discussion (Lines 262-265) or the Case Presentation (Lines 265-268). Second, it is somewhat contradictory, because some details of the patient’s medical history had been known before the operation. The second paragraph describes features of the ambulatory surgical center which luckily allowed for a successful management. That should not be part of the Conclusion, it might make sense for the Case Presentation. The third paragraph is giving a part of a protocol to manage airway complications in LABD, which is a relevant message. The last paragraph is only repeating the Abstract’s conclusion. A good examination before surgery to avoid complications and the importance of a multidisciplinary approach are relevant messages of this case report, so they need to be included in this section. References are very short (especially concerning the treatment, as presently Dapsone has gone more to the second line). One of the pictures shows the firm name STORZ. That is not relevant to the case, the picture should be edited to show only the airway. In short, the case is interesting and might help anaesthetists not experienced in ENT or dental anaesthesia. The text needs to be “cleaned up” to increase readability. The Conclusion must be completely rewritten as it does not really support the messages of the case report.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Author's Country/Territory: United States

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Reviewer chosen by: Ji-Hong Liu

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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
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statements

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

SPECIFIC COMMENTS TO AUTHORS

The points of criticism of the peer review have been acknowledged and revised. Rare diseases and its symptoms are always difficult to assess and often require a multidisciplinary approach, which cannot be provided in an outpatient setting. Are there any recommendations by the anesthesiological societies regarding rare diseases or the management of unexpected airway complications? If so, it might be worth to relate to these recommendations. We would recommend the revised manuscript to be published.