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## PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases
Manuscript NO: 83420
Title: Morphological Features and Endovascular Repair for Type B Multichanneled Aortic Dissection: Application of medical 3D modeling system Morphological Features and Endovascular Repair for Type B Multichanneled Aortic Dissection

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed
Peer-review model: Single blind
Reviewer's code: 00277481
Position: Peer Reviewer
Academic degree: MD
Professional title: Assistant Professor
Reviewer's Country/Territory: United States
Author's Country/Territory: China
Manuscript submission date: 2023-02-11
Reviewer chosen by: AI Technique
Reviewer accepted review: 2023-02-20 03:33
Reviewer performed review: 2023-03-05 18:56
Review time: 13 Days and 15 Hours

| Scientific quality | ```[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish``` |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 <br> [ ] Grade D: No novelty |

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| Creativity or innovation of this manuscript | [ ] Grade A: Excellent [ Y] Grade B: Good [ ] Grade C: Fair <br> [ ] Grade D: No creativity or innovation |
| :---: | :---: |
| Scientific significance of the conclusion in this manuscript | [ ] Grade A: Excellent [ Y] Grade B: Good [ ] Grade C: Fair <br> [ ] 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) <br> [ 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

Nice report. The authors should discuss the option of debranching ( graft from the ascejnding aorta to the neck vessels) and then deploying the and why they did not The authors should discuss how they created the LEFT-RIGHT carotid anastomosis ( details please ) and timelines to the endovascular approach The modeling is helpful but is scalable. Most hospitals dont have such modelling ,can the authors recommend other approahes other radiological signs base don our standard CT scan to detect Multichannel aortic dissection.

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed
Peer-review model: Single blind
Reviewer's code: 00233953
Position: Editorial Board
Academic degree: MD, PhD
Professional title: Professor
Reviewer's Country/Territory: United States
Author's Country/Territory: China
Manuscript submission date: 2023-02-11
Reviewer chosen by: Geng-Long Liu
Reviewer accepted review: 2023-03-13 03:39
Reviewer performed review: 2023-03-14 16:31
Review time: 1 Day and 12 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 [ ] Grade B: Good [ Y] Grade C: Fair <br> [ ] Grade D: No novelty |

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| Creativity or innovation of this manuscript | [ ] Grade A: Excellent [ ] Grade B: Good [ Y] Grade C: Fair <br> [ ] Grade D: No creativity or innovation |
| :---: | :---: |
| Scientific significance of the conclusion in this manuscript | [ ] Grade A: Excellent [ ] Grade B: Good [ Y] Grade C: Fair <br> [ ] 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) <br> [ Y] Minor revision [ ] Major revision [ ] Rejection |
| Re-review | [ ] Yes [Y] No |
| Peer-reviewer statements | Peer-Review: [ Y ] Anonymous [ ] Onymous |
|  | Conflicts-of-Interest: [ ] Yes [ Y] No |

## SPECIFIC COMMENTS TO AUTHORS

Comment \#1: please describe the differences between the information obtained with intravascular ultrasound and CT. Can CT replace IVUS?

