

[] Grade C: Fair

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 83420

Novelty of this manuscript

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15 Hours [] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Scientific quality Good [] Grade D: Fair [] Grade E: Do not publish

[Y] Grade B: Good

[] Grade A: Excellent

[] 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
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

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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Novelty of this manuscript	[] Grade A: Excellent [] Grade B: Good [Y] Grade C: Fair
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SPECIFIC COMMENTS TO AUTHORS

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