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PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 89658

Title: Subdural effusion associated with COVID-19 encephalopathy: A case report

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03338129
Position: Peer Reviewer
Academic degree: N/A

Professional title: N/A

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2023-11-16

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2023-12-15 06:54

Reviewer performed review: 2023-12-18 06:04

Review time: 2 Days and 23 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish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

SPECIFIC COMMENTS TO AUTHORS

The authors reported on a 56-year-old male patient with transient subdural effusion(SE) after secondary hemorrhage following cerebral infarction and intracranial SARS-CoV-2 infection. Although bilateral SE had been reported in a 76-year-old male patient after severe SARS-CoV-2 infection(Reference 6), this case report is rare and could be worthy enough to be published in this journal. My concerns are as follows. Descriptions in the part of Case presentation are too redundant. Especially, the parts of cerebral infarction and hemorrhagic transformation could be reduced to focus on the main issue of SE formation. I wonder whether such many CT images in 12 figures are necessary. I would strongly recommend the authors to reduce CT images as much as possible. I wonder whether Table 1 showing "Results of literature search for subdural effusion/hematochezia in SARS-CoV-2 virus infection" is necessary. I consider that a brief introduction of only a case of SE after SARS-CoV-2 virus infection(Reference 6) in Discussion might be enough. The part of Discussion, especially, meticulous descriptions regarding potential causes of SE and potential factors responsible for short-term regression of SE are better to be shortened. The descriptions in References require

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substantial revision. This manuscript needs to receive a professional English editing.

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RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 89658

Title: Subdural effusion associated with COVID-19 encephalopathy: A case report

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03338129
Position: Peer Reviewer
Academic degree: N/A

Professional title: N/A

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2023-11-16

Reviewer chosen by: Jing-Jie Wang

Reviewer accepted review: 2024-01-15 23:24

Reviewer performed review: 2024-01-17 00:53

Review time: 1 Day and 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish
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
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

I appreciate the authors' efforts to have revised their manuscript based on the reviewers' and editorial office comments. However, I still have minor concerns about figures and their legends as follows. 1. Current Figures 3 and 7 could be removed. Some red arrows are unnecessary. 2. Figure legend is better to be noted for each figure like below. Figure 1: Cranial MRI revealed distinct, patchy, nodular long T2 signal shadows in the right frontal, temporal, and parietal lobes. Figure 2: Head and neck MRA displayed non-visualization of the right internal carotid and middle cerebral arteries, particularly noting superficial shadows in the right internal carotid siphon, the middle cerebral artery M1 segment, and the right anterior cerebral artery A1 segment (indicated by arrows). Figure 3: Chest CT revealed scattered patchy shadows in the lungs. Figure 4: Cranial MRI displayed new subdural effusion in the right frontal, temporal, and parietal regions. Figure 5: Cranial MRI displayed marked absorption of subdural effusion in the right frontal, temporal, and parietal regions at 6 days after its appearance. Figures 6: Head CT displayed the scar of cerebral infarction with hemorrhagic transformation in the right frontal, temporal, and parietal lobes at 3 months after discharge.