

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 14207

Title: Intraoperative neurophysiologic monitoring in spine surgery

Reviewer's code: 02907463

Reviewer's country: Italy

Science editor: Fang-Fang Ji

Date sent for review: 2014-09-24 15:27

Date reviewed: 2014-10-07 18:45

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is a clear and concise review on the intraoperative neurophysiological monitoring during spine surgery. I have only some concerns with the SEP section, which is clearly shorter and less documented than the remaining topics. In detail: 1) In an earlier meta-analysis, Nuwers (1995) clearly established that SEP monitoring is mandatory in spinal surgery. The Authors should refer to this finding; 2) The main limitation to the SEP monitoring is the influence of some anaesthetic drugs on SEP parameters. The Authors only touched on this question; they should discuss this more in detail, even adding some appropriate references; 3) Another limitation of SEP monitoring is represented by the difficulty in analyzing abnormalities of the central grey matter by using simplified recording techniques. The Authors should discuss advantages and disadvantages of different techniques utilized for recording spinal responses, even by adding some appropriate references.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 14207

Title: Intraoperative neurophysiologic monitoring in spine surgery

Reviewer's code: 02444745

Reviewer's country: Japan

Science editor: Fang-Fang Ji

Date sent for review: 2014-09-24 15:27

Date reviewed: 2014-10-21 13:25

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is an excellent review concerning intraoperative neurophysiologic monitoring during spine surgery. Thank you very much.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 14207

Title: Intraoperative neurophysiologic monitoring in spine surgery

Reviewer's code: 02446747

Reviewer's country: Italy

Science editor: Fang-Fang Ji

Date sent for review: 2014-09-24 15:27

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Duplicate publication	publication
<input type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	language polishing	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

the purpose of the article is interesting but the contents seems to be very similar to a academic book. the role of neurophysiological monitoring is extremely important but in my opinion is mandatory to underline when, in the clinical practice, a spinal surgeon should use it. I think that a paragraph in which the authors explain which type of lesions or pathology we can use it is mandatory. for example the author underline the importance of the monitoring during correction of scoliosis and intramedullary tumors. it is true but in the current practice there are so many other pathologies in which monitoring should be used: fractures of CVJ, hard cervical stenosis (it is well known that a rapid decompression of cervical medulla could make neurological deficits such C5 palsy or paresis or plegia>), high displastic lumbar spondylolisthesis (during the reduction manoeuvres it is possible to have a stretching of the L5 rotot)and much more. moreover I think that is important to underline the role of intraoperative EMG. the english must be re-editing.