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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine

ESPS manuscript NO: 21496

Title: Optimizing the value of measuring inferior vena cava diameter in shocked patients

Reviewer's code: 00502828

Reviewer's country: Japan

Science editor: Xue-Mei Gong

Date sent for review: 2015-07-16 16:57

Date reviewed: 2015-08-26 14:51

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 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 checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Thank you for your effort. Please revise the manuscript according to the following major comments.

1. Too many headlines are used. The manuscript can be safely divided into two or three section: "Technical consideration", "Clinical implication" and "value of measuring IVC diameter in shocked patients".
2. Fig. 1 should be illustrated in a 3-D fashion. It is difficult for readers to understand how to avoid measuring the IVC peripherally (B) or obliquely (C).



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine

ESPS manuscript NO: 21496

Title: Optimizing the value of measuring inferior vena cava diameter in shocked patients

Reviewer's code: 00502871

Reviewer's country: United States

Science editor: Xue-Mei Gong

Date sent for review: 2015-07-16 16:57

Date reviewed: 2015-09-01 01:59

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

COMMENTS TO AUTHORS

This is a useful review of the value and pitfalls of sonographic evaluation of the vena cava in patients with shock. The suggestions by the author, an experienced clinician, are helpful.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine

ESPS manuscript NO: 21496

Title: Optimizing the value of measuring inferior vena cava diameter in shocked patients

Reviewer's code: 00502932

Reviewer's country: United States

Science editor: Xue-Mei Gong

Date sent for review: 2015-07-16 16:57

Date reviewed: 2015-09-13 04:10

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" 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"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input 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 terms 'collapsibility index', 'caval index', and 'IVC index' are used in the article; these are presumably synonymous, but are confusing, and should either be separately defined, or a single term used. Some editing and correction of grammatical errors is needed through out.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine

ESPS manuscript NO: 21496

Title: Optimizing the value of measuring inferior vena cava diameter in shocked patients

Reviewer's code: 00502903

Reviewer's country: United States

Science editor: Xue-Mei Gong

Date sent for review: 2015-07-16 16:57

Date reviewed: 2015-09-16 10:06

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"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
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		BPG Search:	<input 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 authors submit an educational and up-to-date commentary on the use of IVC ultrasound for evaluation of shock. The topic is timely and important, while the manuscript addresses the relevant issues succinctly. My overall constructive criticism of this manuscript is the need for greater instructional detail. Since IVC ultrasound is not yet standard of practice in many units, our readers are likely to require more precise descriptions of IVC ultrasound technique. Specific comments as follow: 1. Technical Tips: please elaborate briefly on the advantages vs disadvantages of different ultrasound approaches to the IVC. 2. Technical Tips: please describe what is meant by vertical, oblique, and peripheral. The Figure is inadequate to provide sufficient understanding of this concept. 3. Interpretation of the Study: The "caval index" needs clarification that it is the same as the "collapsibility index" described above. 4. Pitfalls: I would suggest clarifying the effect of abdominal compartment syndrome as a "misleadingly small" IVC. 5. Figure 1: The labeling is inadequate. The shapes in 1A need to be labeled. An additional image of external landmarks and ultrasound probe position is needed. This additional image would be preferably photographic or nearly photo-realistic.



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6. Figure 2A and 2B: The resolution of Figure 2 is too low. Please provide higher resolution images, if available. The overall figure should be labeled as M-mode. It would be helpful to label the landmarks in the upper B-mode image. The M-mode images also needs to be labeled, especially for the letters A and B. Since this Figure 2 seems to make an argument for the utility of IVC collapsibility and diameter in shock resuscitation, it would be expected that data for both collapsibility and diameter would be presented. Please provide additional data on IVC collapsibility either before or earlier in resuscitation vs later. Please provide the measured IVC diameter. 7. Figure 2C: This timeline would benefit from labeling regarding when the images in 2A and 2B were obtained, and relevant interventions like fluid boluses.