



PEER-REVIEW REPORT

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

The relationship between PAD and DM is a meaningful topic clinically. The topic this article focused can be useful for clinical practice. But there are some shortcomings needed to be mended up.

Introduction

1. The acronym such as PAD should be explained where it is first shown up. Besides, the acronym can be used afterwards and there is no need to reappear the specific meaning, for example in the subtitle "Epidemiology of Peripheral Arterial Disease in Diabetes". The same is with IC.

2. "It usually results from atherosclerosis of the vessel wall, but may also arise as a result of embolism, thrombosis, fibromuscular dysplasia, vasculitis, or entrapment." The word "entrapment" should be specifically denoted.

Epidemiology of Peripheral Arterial Disease in Diabetes

1. Prevalence of PAD is estimated by IC or ABI, and "in the Rotterdam study involving the elderly population, IC was reported by 1.6% of the study participants, while the prevalence of PAD defined with ABI <0.9 in either leg was 19.1% in the same cohort." Later, "Rates of PAD using IC is generally lower compared with those obtained using ABI". Do these two sentences have relationship? If yes, please summarize closely, not in two separate paragraphs.

2. "Also, as obtained among the general populace, the prevalence of PAD differed depending on the diagnostic method used." Therefore, the diagnostic methods should be concisely stated herein. "Figure 1 - Schematic representation of the pathophysiology of peripheral arterial disease." should be changed to "Figure 1 - Schematic representation of the pathophysiology of peripheral arterial disease in DM." Besides, the Figure 1 would be better if the mechanism in each line (Platelet aggregation, Vascular smooth muscle cell dysfunction, etc) could be added.

Diagnostic evaluation

History and physical examination

1. "Since most type 2 diabetic patients would have had DM for about 10-20 years before diagnosis, they are particularly at risk." Maybe this situation is not true.

Ankle brachial index (ABI)

2. The below content should be summarized in a single table. < 0.4



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Severe obstruction 0.4 - 0.69
obstruction 0.91 - 1.30 Normal > 1.30
conclusion should be added.

Moderate obstruction 0.7 - 0.90 Mild
Poorly compressible In the end , a