



## BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

<http://www.wjgnet.com>

### ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Critical Care Medicine

**ESPS manuscript NO:** 14353

**Title:** Noninvasive Ventilation In Trauma

**Reviewer code:** 02494917

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2014-10-02 10:07

**Date reviewed:** 2014-10-03 15:01

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" 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 polishing	<input type="checkbox"/> Existing	<input checked="" 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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

### COMMENTS TO AUTHORS

It is a good to publication.

## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Critical Care Medicine

**ESPS manuscript NO:** 14353

**Title:** Noninvasive Ventilation In Trauma

**Reviewer code:** 00502741

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2014-10-02 10:07

**Date reviewed:** 2014-10-13 11:39

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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 polishing	<input type="checkbox"/> Existing	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

General comments: This is a well-written manuscript. The authors described the role and efficacy of non-invasive ventilation in trauma. This issue is very important for critical care. The authors emphasize the use of non-invasive ventilation; I would like to suggest authors add some information about contraindications of non-invasive ventilation for trauma, such as patients with facial trauma, unclear consciousness, etc. Minor comments: 1. Please add page number. 2. Page 5, line 2. This "ling" injury is an ....., revised 'ling' to "lung". 3. Page 5, line 22, 24, 25 and Page 7, line 4. Please show the full term of MCP, MIP, CINC, TNF, IL, ICAM, CD, CPAP when they first show in this article. Page 7, line 23. Revised "continuous positive airway pressure" as "CPAP". 4. Page 6, line 2. including hypoxemia, ventilation-perfusion mismatching, , raised ..... Repeated comma here, please delete one comma. 5. The references are not consistent with the format of this journal, please read the instruction for authors and revised.

## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Critical Care Medicine

**ESPS manuscript NO:** 14353

**Title:** Noninvasive Ventilation In Trauma

**Reviewer code:** 00502788

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2014-10-02 10:07

**Date reviewed:** 2014-10-13 17:26

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" 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 polishing	<input type="checkbox"/> Existing	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

Karcz et al. present a very interesting review titled "Noninvasive ventilation in trauma". The authors mention that although trauma management underwent a development, the treatment of respiratory failure and especially the role of noninvasive ventilation is still not clear. Responsible for that seems to be a lack of randomized controlled trials. Therefore, the authors discuss in this review the current evidence of noninvasive ventilation in trauma patients. The "Introduction", the "Trauma Epidemiology" and the "Pathophysical Concepts of Trauma" are well divided and clearly presented. In the "Evidence-based Overview for the use of NIV in Trauma", the authors present different kinds of studies which engage in noninvasive ventilation. In my opinion, it is not clear in which way these studies were selected. A flow chart of the selection process would be helpful. In addition, datas and effects of noninvasive ventilation could be presented in tables well- arranged. Moreover, study quality and limitations of individual studies were treated rarely. The part "The application of NIV as a Ventilation Strategy" demonstrates the complexity of noninvasive ventilation in trauma patients. The authors point out that a "prudent approach" for noninvasive ventilation in trauma is suggested because of the high heterogeneity of effects across studies. Only excluding criterias seem to be clear. The "Conclusion" is that it is challenging to indentify the patients who benefit from NIV. Altogether, this review gives a promising overview over the heterogenous studies concerning NIV in trauma patients. The authors underlines the low grade recommendation by the British Thoracic Society guidelines by unavailable high quality randomized trials. However, some more structuring would



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<http://www.wjgnet.com>

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present data much better. Furthermore, two recently published reviews dealing with the same subject should be mentioned, somehow (Chiumello D et al.: Noninvasive ventilation in chest trauma: systematic review and meta-analysis. *Intensive Care Med.* 2013 Jul;39(7):1171-80; Duggal A et al.: Safety and efficacy of noninvasive ventilation in patients with blunt chest trauma: a systematic review. *Crit Care.* 2013 Jul 22;17(4):R142.). Minor comments: Introduction: Another recent guideline (Keenan SP et al.; Canadian Critical Care Trials Group/Canadian Critical Care Society Noninvasive ventilation Guidelines Group: Clinical practice guidelines for the use of noninvasive positive-pressure ventilation and noninvasive continuous positive airway pressure in the acute care setting. *CMAJ* 2011, 183: E195-E214.) submits "no recommendation" for the use of noninvasive ventilation in blunt chest trauma. Pathophysiological Concepts of Trauma: line 3: spelling error

## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Critical Care Medicine

**ESPS manuscript NO:** 14353

**Title:** Noninvasive Ventilation In Trauma

**Reviewer code:** 00502932

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2014-10-02 10:07

**Date reviewed:** 2014-10-17 07:18

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" 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 polishing	<input type="checkbox"/> Existing	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

### COMMENTS TO AUTHORS

Very nicely written review of the pathophysiology of respiratory failure in trauma, and the potential role for NIV in such patients. Would consider adding a brief table, listing the contraindications for NIV in trauma patients, based on the literature, and your own expert opinion and experience. The one typo I noticed was mentioned by another reviewer ('ling' for lung)