



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 49721

Title: Combination of propofol and dezocine to improve the safety and efficacy of anesthesia for gastroscopy and colonoscopy in adults: A randomized, double-blind, controlled trial

Reviewer’s code: 03276928

Reviewer’s country: Lithuania

Science editor: Ying Dou

Reviewer accepted review: 2019-06-17 07:12

Reviewer performed review: 2019-06-28 05:02

Review time: 10 Days and 21 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer’s expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This is an interesting randomized trial of four different modalities of anesthesia for colonoscopy and upper GI endoscopy, comparing addition of dezocine, fentanyl,



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sufentanyl and placebo to propofol anesthesia. It seems, that the study was well performed, having power calculation and sufficient number of subjects included as well as pragmatic blinding. My main concern is that addition of opioid analgetic medications to routine anesthesia is known to result in increased incidence of side effects - nausea and vomiting as well as increased risk of prolonged sedation. The follow-up of the study stops when the patient is discharged from the endoscopy suite and there is no follow-up data 1 day after procedure - were there any late side effects, readmissions and what are the patient reported outcomes - satisfaction of QOL data. Publication of the trial without knowing this data may lead to unproven conclusion that addition of dezocin is safer than propofol alone, and the study unfortunately does not provide the data for such a conclusion. If the trial is published, it should at least be included in the conclusion section.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- The same title
- Duplicate publication
- Plagiarism
- No

BPG Search:

- The same title
- Duplicate publication
- Plagiarism
- No



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 49721

Title: Combination of propofol and dezocine to improve the safety and efficacy of anesthesia for gastroscopy and colonoscopy in adults: A randomized, double-blind, controlled trial

Reviewer's code: 03646555

Reviewer's country: Australia

Science editor: Ying Dou

Reviewer accepted review: 2019-07-19 16:21

Reviewer performed review: 2019-07-19 17:45

Review time: 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
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<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Dear authors; This is well designed and written study. I have several corrections and suggestions: 1) in the abstract, the sentence "Mean arterial pressure and pulse oxygen



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saturation in the dezocine group were significantly more stable at the time points (before dosing, disappearance of eyelash reflex, and wakeup) than in other groups ($P > 0.05$)" should probably end with ($P < 0.01$) to show significance. 2) In the abstract, the sentence "Additionally, rates of reflex coughing, nausea, and vomiting were not statistically different between the four groups ($P > 0.05$)" does not seem necessary and I would omit it. 3) In the introduction, it should be stated why the authors believe dezocine would be superior to other opioids for anaesthesia in endoscopy. The mechanisms of dezocine are described in the discussion section, but should be mentioned in the introduction to provide justification as to why this study was conducted in the first place. 4) You use the word 'indolent' to describe gastroscopy and colonoscopy. It is unclear what this word means in this context. It is not typical English terminology. Indolent usually is used to describe a disease such as cancer being inactive or asymptomatic. Please rephrase. 5) In the section "demographic information" you mentioned 'endoscopists...were similar among groups'. What does this mean? Were the endoscopists between groups equally skilled or experienced? Was it the same endoscopist for all patients? 6) You clearly demonstrate that dezocine use reduces the need for high propofol doses during endoscopy. Similarly, in the dezocine group, many additional clinical benefits are seen which, I assume, are due to the reduced propofol doses. However, can you provide any statistical evidence showing that these benefits (e.g. decreased use of vasoactive drugs, quicker waking times etc) were correlated to the lower use of propofol in the dezocine group (e.g. by linear or logistic regression analysis?) This would strengthen the article considerably.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

[] The same title



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Duplicate publication

Plagiarism

Y] No

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Plagiarism

Y] No