

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 73362

Title: Enigmatic rapid "organization" of subdural hematoma in a patient with epilepsy:

A rare case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03999836

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Czech Republic

Author's Country/Territory: China

Manuscript submission date: 2021-11-18

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-25 11:05

Reviewer performed review: 2021-11-25 13:34

Review time: 2 Hours

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	 [] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Re-review	[Y]Yes []No



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Peer-reviewer	Peer-Review: [] Anonymous [Y] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Although the authors have provided certification proving the language editing of the submitted paper, the reviewer (although not native speaker of English) strongly suggest the consideration of a new language. Some words (e.g. membraniferous maybe better membranaceous, well indicated for surgery - maybe better absolutely indicated, also the verb forewent - - probably refused or rejected) seem to be at least uncommon if not incorrect. Also some grammar errors can be found (e.g. membraniferous appearances has - correctly appearance has or maybe appearances have). However I fully agree with the authors that such an appearance of a suspected acute subdural haematoma is absulutely uncommon. From the clinical point the case report is adequately described. However I would suggest to describe the pre and postsurgery status in more details (GCS, pupils, motor deficits) even in the case summary. Regarding the clinical course – it would be interesting to know the intervals negative initial CT - lumbar tap, the approximate volume of CSF sample taken for evaluation and the interval lumbar tap - neurological deterioration. The fact that the patient had head injury before the deterioration is noted in the case summary, but it should be also described and emphasised in the main text, including more detailed description of the postinjury clinical course. The relationship of the gelastic seizure to the fall should be also clarified. In general I strongly suggest rearrangements of the parts Imaging examinations and Treatment, because the current arrangement does not reflect the time course (the description of surgery in the Imaging examinations). Similarly in the reviewer's opinion the details of the surgery (well presented) should not be included in the Discussion section. In conclusion the case report is of great educational value for



younger neurosurgeons and neurosurgical residents. The reviewer was recently confronted with similar case (septic patient with extracranial infectious focus with sudden deterioration of consciousness after previous period of restlessness with aSDH of fresh meat consistency) and the extensive craniotomy (decompressive hemicraniectomy planned) was absolutely necessary in this case facilitating greatly the removal of the solidified blood. The images are well selected. Therefore after answering the above mentioned querries I can gladly recommend the paper for publication.



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Reviewer's code: 05141533

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Assistant Professor, Doctor

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: China

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Reviewer accepted review: 2021-11-26 01:08

Reviewer performed review: 2021-12-03 11:17

Review time: 7 Days and 10 Hours

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
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No comments