

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 73004

Title: Extensive Complex Thoracoabdominal Aortic Aneurysm Salvaged by Surgical

Graft Providing Landing Zone for Endovascular Graft: A Case Report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02832130

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

Manuscript submission date: 2021-11-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-06 01:28

Reviewer performed review: 2021-11-06 04:38

Review time: 3 Hours

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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



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Peer-reviewer statements

Peer-Review: [] Anonymous [Y] Onymous

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Name of Journal: World Journal of Clinical Cases Manuscript NO: 73004 Manuscript Type: CASE REPORT Comments: Complex abdominal aortic aneurysm (CAAA) is required aggressive surgery and associated with a higher perioperative mortality. The author reported a case where brached graft was implanted covering half of the aortic disease, which was followed by a stent graft inserted through endovascular aortic repair to minimize aggressive surgery in a patient with extensive CAAA. The subject of this manuscript is of value, but there are a few of defects need to be modified. 1.CASE SUMMARY section: A 60-year-old male presented with a Crawford type IV CAAA starting directly dista.....Please change CAAA to: complex abdominal aortic aneurysm (CAAA). 2. Should the author discuss the causes, prevention and treatment of renal and liver injury after surgery in more detail.



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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05099225

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

Manuscript submission date: 2021-11-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-14 23:08

Reviewer performed review: 2021-11-22 15:04

Review time: 7 Days and 15 Hours

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



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Peer-reviewer statements

Peer-Review: [Y] Anonymous [] Onymous

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

1.The aneurysm reported in this manuscript should be a Crawford type IV thoracoabdominal aortic aneurysm. 2. The patient had high risk for open surgery beacuse he had a history of heavy smoking and chronic total occlusion of the mid right coronary artery without a percutaneous coronary intervention. At present, the total endovascular technique using custom-made branched endograft or physican modified branched endograft has been used for this kind of thoracoabdominal aortic aneurysm successfully. 3. Why another bifurcated graft wasn't been used to anastomosis to bilateral external iliac artery directly, now that open surgery has been performed to reconstruct the thoracoabdominal aorta, visceral branches and renal arteries. The procedure won't increase too much technical difficulty, injury and cost.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Graft Providing Landing Zone for Endovascular Graft: A Case Report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03846820 Position: Editorial Board

Academic degree: FACC, FESC, MD

Professional title: Academic Research, Assistant Professor, Doctor

Reviewer's Country/Territory: Netherlands

Author's Country/Territory: South Korea

Manuscript submission date: 2021-11-06

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2022-02-16 04:36

Reviewer performed review: 2022-02-16 05:01

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Peer-reviewer	Peer-Review: [] Anonymous [Y] Onymous



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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Dear authors, I have a few suggestions to improve your article: 1. Please optimize your terms and clinical definitions. For instance, what is your computerized tomographic angiography means? This is very old-fashioned English. There is a computed tomography angiography only! Please elaborate on it. 2. Imaging: Please explain how many experts and surgeons were involved exactly. Is that an expert-level analysis? Any validated software was involved? 3. Imaging: your images must be comprehensively (from the technique point of view) and critically (any technological flaws, a success - technically and clinically) described. 4. If you mention that there were damage of liver of kidney, it must be clear what kind of damage?! I am talking about any clinical parameters, results of biochemical analysis, even ECG, any markers of myocardial damage, D-dimer, heart failure. How "poor" was general clinical condition of the patient?



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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03497479 Position: Editorial Board Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Croatia

Author's Country/Territory: South Korea

Manuscript submission date: 2021-11-06

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2022-02-18 08:06

Reviewer performed review: 2022-02-18 08:22

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous



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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

After making the corrections requested by previous reviewers, I believe that now the article meets the demanding criteria (textual, imaging, etc.) for publication in World J Clin Cases