

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 73345

Title: Dural puncture epidural technique provides better anesthesia quality in repeat cesarean delivery than epidural technique: Randomized controlled study

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04026351

Position: Peer Reviewer

Academic degree: MD

Professional title: Instructor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2021-11-23

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-23 11:44

Reviewer performed review: 2021-12-01 16:11

Review time: 8 Days and 4 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" 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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

The article is about DPE efficacy in repeated CS. Title: is lacking. What is the anesthesia quality? you have to be more specific in the title. looks like the primary outcome was the T6 block onset time. Abstract: Background is talking about analgesia while the study is about the onset time. This Methods need some info about technique of DPE. What was the percentage of the each LA in the mixture of lidocaine and ropivacaine? Results: what's the head-side sensory block and modified Bromage score? are they your 2ndary outcomes? you have to mention it in the methods. same as IV analgesia and (so many 2ndary variables which the study is not powered for those. unfortunately, this number of variables will bring the fishing phenomenon which is not acceptable in research method. Each variable needs the number and 95% CI and P value. Conclusion is also lacking about the anesthesia quality. What is the anesthesia quality? this was not your primary outcome. Text; introduction > long and unnecessary. Why RSD is deferent, this has nothing to do with China's policy on population control. DPE technique is not complete, even in the introduction. Reference is needed for your sample size calculation.

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03866054

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Academic Research, Adjunct Associate Professor, Senior Lecturer

Reviewer's Country/Territory: Romania

Author's Country/Territory: China

Manuscript submission date: 2021-11-23

Reviewer chosen by: Xin Liu (Online Science Editor)

Reviewer accepted review: 2022-01-15 21:09

Reviewer performed review: 2022-01-16 11:01

Review time: 13 Hours

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 type="checkbox"/> Grade A: Priority publishing <input checked="" 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
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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

SPECIFIC COMMENTS TO AUTHORS

Manuscript 73345: Dural Puncture Epidural Technique Improves Anesthesia Quality in Repeat Cesarean Sections Compared with Standard Epidural Technique: A Double-Blind, Randomized Controlled Study It is a randomized controlled study comparing epidural anesthesia to dural puncture epidural. The authors are anesthesiologists, the statistics are done by Qi Xue(acknowledgment), a PhD of Public health. The topic is interesting and of clinical importance. One question: why do you use epidural anesthesia and not spinal anesthesia for iterative cesarean section? Lines 20-21 the study is registered at Chinese Clinical Trial Registry, not at clinicaltrials.gov, Title: Application of epidural block technique for the dural puncture in obstetric anesthesia Abstract Background lines 37-41: I suggest to define what is dural puncture epidural technique and the indications for obstetric anesthesia Manuscript Introduction : Lines 74-75 are founded also in reference 5 , but there are wrong data when reading reference 2 (cited) . Lines 75-76 what is the relationship between placenta accreta spectrum disorder and this study ? Lines 77-78 : data are from Tanzania and from the median incision, rare nowadays! Lines 93-94 : “However, few data have shown whether the DPE technique can be applied in RCD.” Need references I suggest to add what is already known about the safety and efficacy of the Dural Puncture Epidural Technique for iterative cesarean section and what is the gap in this topic? One more question : DPET is easy to done ? when comparing to spinal anesthesia?