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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 71898

Title: Acute pulmonary embolism originating from upper limb venous thrombosis

following breast cancer surgery: Two case reports

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04213446 Position: Editorial Board Academic degree: MD

Professional title: Assistant Professor

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: China

Manuscript submission date: 2021-09-25

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-09-26 09:56

Reviewer performed review: 2021-09-26 10:17

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Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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) [Y] Minor revision [] Major revision [] Rejection
Re-review	[Y] Yes [] No



Baishideng **Publishing**

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Peer-reviewer Peer-Review: [Y] Anonymous [] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

These two cases had post MRM related upper limbs venous thrombosis and pulmonary embolism. It reminded the surgeons about the rare but fecal complications. There are already some studies mentioned the possible complications during or after MRM. According to previous study, we knew that obesity, inpatient status, venous catheterization, prolonged operative time >3 h, immediate reconstruction, operation within 30 days preceding breast surgery, and nonsmoking status were found to be independent risk factors for VTE after MRM. The authors should provided the details of known risk factors. Further the dose and duration of anti-coagulant, followup CT/US should be provided.



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Reviewer's code: 05427157 Position: Peer Reviewer Academic degree: MD

Professional title: Director, Staff Physician

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2021-09-25

Reviewer chosen by: Qi-Gu Yao

Reviewer accepted review: 2022-02-27 20:55

Reviewer performed review: 2022-03-10 00:50

Review time: 10 Days and 3 Hours

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) [Y] Minor revision [] Major revision [] Rejection
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SPECIFIC COMMENTS TO AUTHORS

Authors highlight 2 cases of breast cancer patients who within 24 hours of surgery developed respiratory compromise and found to have pulmonary embolism and upper extremity DVT. Upper extremity DVT is far less studied area then lower extremity DVT and any addition to existing literature is welcome. Here are few questions/suggestion I have 1. Both patient seems to have developed respiratory compromise within short period of time from surgery, indicating pulmonary embolism of existing upper extremity thrombosis. Do authors suggest patient developed upper extremity thrombosis due to surgery or they feel likely there was an existing thrombosis due to cancer that was exacerbated by surgery? 2. Authors needs to specify in both cases if preoperatively there was any complaints from patient or physical exam finding of arm swelling/pain and if yes any preop imaging was done to evaluate that. 3. explain in detail what kind of post op bleeding complication patient 2 had while on anticoagulation? 4. If available longer term follow up information on patients would be helpful. were they kept on anticoagulation indefinite? 5. Is there any existing literature on risk of upper extremity DVT in breast cancer in patients who have not undergone recent surgery? if yes include in manuscript. 6. authors have used "pulmonary thrombosis" term few times, unless clinically felt clot formed in pulmonary artery " pulmonary embolism" term is more appropriate. kindly change it. 7. authors have used Novel anticoagulants. they are not novel any longer. more appropriate term is Direct oral anticoagulants (DOACs).