

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 77193

Title: Tamsulosin-Induced Life-Threatening Hypotension in a Patient with Spinal Cord Injury: A Case Report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03723418

Position: Editorial Board

Academic degree: MBBS, PhD

Professional title: Chief Doctor, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

Manuscript submission date: 2022-04-19

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-20 09:16

Reviewer performed review: 2022-04-29 02:31

Review time: 8 Days and 17 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input 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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input 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 type="checkbox"/>] Anonymous [<input checked="" type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
-------------------------------------	---

SPECIFIC COMMENTS TO AUTHORS

This is an interesting and well written case report on spinal cord injury. In this study, the authors highlighted that tamsulosin can cause severe life-threatening hypotension. They also alert clinicians to be aware of this possible condition when treating neurogenic bladder in a patient with SCI. In general, this paper is clear and is suitable for publication in this journal.

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 77193

Title: Tamsulosin-Induced Life-Threatening Hypotension in a Patient with Spinal Cord Injury: A Case Report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05247020

Position: Peer Reviewer

Academic degree: PhD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

Manuscript submission date: 2022-04-19

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-05-17 10:16

Reviewer performed review: 2022-05-19 11:45

Review time: 2 Days and 1 Hour

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
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

The authors submitted a manuscript presenting one case of severe hypotension induced by tamsulosin in a female patient with spinal cord injury. Tamsulosin, a selective α_1 -adrenergic receptor (α_1 -AR) antagonist, is a widely prescribed first-line agent for benign prostatic hypertrophy (BPH). Tamsulosin was introduced in 1996 and marketed as a major innovation among α blockers because it was associated with a lower frequency of orthostatic hypotension than other drugs in this class. Tamsulosin now dominates the global drugs market for the treatment of benign prostatic hyperplasia and is the most commonly prescribed treatment for lower urinary tract (LUT) symptoms worldwide. Although tamsulosin is indicated for the treatment of the signs and symptoms of BPH, it has also been assessed in clinical studies for other conditions/symptoms and in other populations such as women and children. The functions of the LUT, such as voiding and storing urine, are dependent on complex central neural networks located in the brain, spinal cord, and peripheral ganglia. Thus, the functions of the LUT are susceptible to various neurologic disorders including spinal cord injury (SCI). SCI at the cervical or thoracic levels disrupts voluntary control of voiding and the normal reflex pathways coordinating bladder and sphincter functions. Oral tamsulosin should be administered with caution in patients with orthostatic hypotension. As the authors mentioned that this patient with SCI has the symptom of orthostatic hypotension, is it reasonable for the patient to take tamsulosin in this case? Some of the authors' explanations and discussions are a bit far-fetched. The English needs to be improved to a certain extent. There are some errors in grammar and format in the whole manuscript: single and plural expressions; the use of prepositions and



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

definite/indefinite articles; superscript and subscript.

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 77193

Title: Tamsulosin-Induced Life-Threatening Hypotension in a Patient with Spinal Cord Injury: A Case Report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02907574

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: South Korea

Manuscript submission date: 2022-04-19

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-05-18 09:51

Reviewer performed review: 2022-05-21 14:29

Review time: 3 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 checked="" type="checkbox"/> Grade A: Priority publishing <input 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="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Neurogenic bladder due to suprasacral spinal cord injury (SCI) is characterized by detrusor-sphincter dyssynergia (DSD) or sphincter dis-relaxation. Such neurogenic lower urinary tract dysfunction (NLUTD) can lead to renal dysfunction and urinary tract infection due to increased bladder pressure and decreased voiding efficiency. Alpha-blockers are usually used in patients with NLUTD to reduce the resistance at out of the bladder (bladder neck or prostatic urethra). Although a variety of alpha-blockers are used, randomized controlled trials using tamsulosin (0.4 mg and 0.8 mg) have shown no significant difference in the reduction of maximum intraurethral pressure after 4 weeks of treatment compared to placebo. The frequency of side effects was also not significantly different in the placebo group. Few countries have insurance approval for the use of tamsulosin in women with NLUTD. Therefore, it is difficult to say that tamsulosin is widely used worldwide for NLUTD. In this paper, the authors report a 59-year-old woman with NLUTD who experienced life-threatening hypotension after using tamsulosin (0.4 mg to 0.2 mg administration), which improved with withdrawal. The authors emphasize that this is the first report of its kind, but as noted earlier, it is not a useful report for clinicians because of the lack of practice of using tamsulosin for women worldwide. This reviewer's main concern is whether alpha-blocker administration was necessary for this patient. The directives of micturition for her are the combination self-voiding and CIC four times per day to reduce residual urine. What is the reason for considering tamsulosin administration? In general, video urodynamic study (VUDS) should be needed to determine the appropriate micturition management in SCI patients, and the selection to administer tamsulosin without VUDS in this case is



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
<https://www.wjgnet.com>

questionable. It seems that the patient refused, but then tamsulosin administration is not considered essential if the patient is able to void on her own and does not have an extremely large amount of residual urine. In addition, what is the rationale for using a cholinergic agonist for dysuria as a definitive treatment? As long as AEs of tamsulosin are observed, the authors should administer VUDS with the patient's understanding. The rationale for recommending fluid intake at 2000 ml/day is also unclear. Since dyspareunia and dizziness were observed prior to the hypotension event, this reviewer still thinks that vasovagal syncope is likely. The possibility that autonomic neuropathy due to myelopathy and diabetes mellitus (DM) contributed to this event cannot be ruled out. Since it is well known that the duration of DM is involved in the unconscious progression of neuropathy, we would like to know the details of the diabetes including the blood glucose value.