

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 77002

Title: Uncontrolled high blood pressure under total intravenous anesthesia with propofol and remifentanyl: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05820349

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Canada

Author's Country/Territory: South Korea

Manuscript submission date: 2022-04-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-19 16:21

Reviewer performed review: 2022-04-19 18:01

Review time: 1 Hour

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 Grade E: Do not publish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 checked="" type="checkbox"/> Yes <input 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
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SPECIFIC COMMENTS TO AUTHORS

Thank you for this interesting case report. This is my main concern regarding your manuscript: while propofol-induced hypertension is certainly a possibility in this case, it should be a diagnosis of exclusion, rather than an assumed diagnosis. There are multiple causes of severe hypertension that should have been considered before labeling this event a consequence of propofol administration. Pheochromocytoma was the only other alternative diagnosis suggested by the authors, but inadequately investigated due to a presumed low pre-test probability. Pheochromocytoma is known to cause wide fluctuations in blood pressure with normal blood pressure values in between. Another important consideration that was not discussed is thyrotoxicosis in a patient with known thyroid cancer. Pre-operative thyroid manipulation could lead to a degree of hormone release. This possibility could have been reliably excluded by measuring the thyroid hormones during the event. Undiagnosed essential hypertension is, of course, another possibility. While authors mention that the patient does not have any comorbidities, it is not clear whether this statement is based on lack of previous symptoms or lack of abnormalities on a pre-anaesthetic exam. Another comment relates to authors' conclusion that propofol increased SVR. This follows the assumption that heart rate and stroke volume remained constant while the blood pressure increased. How was the stroke volume measured? The authors do not indicate that they have used pulse contour analysis or transesophageal doppler, as methods for stroke volume assessment. Finally, authors use the lack of labetalol efficacy to support their presumed diagnosis of propofol-induced hypertension. This is an inadequate conclusion. Labetalol is an alpha/beta antagonist and would cause vasodilation (vasoconstriction is the proposed



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mechanism of propofol-induced hypertension). Additionally, the 10mg dose that was used is a low dose.

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Peer-review model: Single blind

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: South Korea

Manuscript submission date: 2022-04-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-24 04:46

Reviewer performed review: 2022-04-24 07:10

Review time: 2 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 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
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Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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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
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SPECIFIC COMMENTS TO AUTHORS

No

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05635503

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Doctor, Postdoc, Surgeon

Reviewer's Country/Territory: Italy

Author's Country/Territory: South Korea

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Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-24 06:37

Reviewer performed review: 2022-04-28 11:32

Review time: 4 Days and 4 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
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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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SPECIFIC COMMENTS TO AUTHORS

A small amount of propofol itself induces vasoconstriction then a low dose of propofol to avoid hypotension during induction could cause hypertension with tachycardia. In this case, there were several instances in which blood pressure increased following propofol administration. Although it is widely known that propofol generally reduces blood pressure, its reverse mechanism for increasing BP has not been established, and related case reports are rare. Well discussed and clearly written.