



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 71088

Title: Toxic epidermal necrolysis induced by ritodrine in pregnancy: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06059196

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Nepal

Author's Country/Territory: China

Manuscript submission date: 2021-09-03

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-09-06 00:52

Reviewer performed review: 2021-09-08 15:18

Review time: 2 Days and 14 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 Grade E: Do not publish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
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	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

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

SPECIFIC COMMENTS TO AUTHORS

I would like to congratulate the authors on completing the paper, and on sharing their experience with practitioners around the world. The authors have made an attempt to share an anecdote of ritodrine, a commonly used tocolytic leading to toxic epidermal necrosis. The authors have done an appreciable job of explaining the necessary details in terms of the development, diagnosis and treatment of TEN. The discussion section is succinct and the authors have justified their actions well. Much of my comments (attached as a word file) revolve around the language used.



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Peer-review model: Single blind

Reviewer's code: 05908908

Position: Peer Reviewer

Academic degree: MD

Professional title: Assistant Professor, Senior Lecturer, Surgeon

Reviewer's Country/Territory: Indonesia

Author's Country/Territory: China

Manuscript submission date: 2021-09-03

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-09-05 14:23

Reviewer performed review: 2021-09-10 14:52

Review time: 5 Days

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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Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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

SPECIFIC COMMENTS TO AUTHORS

A very interesting case report in patients with premature contractions with the use of ritodrine, indomethacin, and dexamethasone drugs with side effects of TEN. A good outcome for the patient and the baby. Good job. 1. Please explain why the author continues to give ritodrine to the patient when the symptoms of TEN appear. Is this very dangerous for the patient and the fetus? 2. Please describe the limitations of this case report especially on the determination that ritodrine is the main cause of TEN 3.

Reference numbers 5 and 7 are the same reference



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Peer-review model: Single blind

Reviewer's code: 03198793

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Chief Physician, Dean, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: China

Manuscript submission date: 2021-09-03

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-09-06 11:04

Reviewer performed review: 2021-09-22 09:21

Review time: 15 Days and 22 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
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	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



statements

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

SPECIFIC COMMENTS TO AUTHORS

In this article, the authors reported a case who had diabetes mellitus and threatened premature labor during the second trimester and developed TEN after administration of insulin, ritodrine hydrochloride, indomethacin, and dexamethasone. Toxic epidermal necrolysis (TEN) is a rare life-threatening cutaneous drug reaction, which may be a threat to the mother and the fetus during pregnancy. So, the report will be useful to remind doctors to re-evaluate the effectiveness and safety of ritodrine when the tocolytic agents is conducted. Queries and suggestions are listed as follows. 1.

Although the title is Toxic epidermal necrolysis induced by tocolytics in pregnancy, the role of indomethacin could not be ruled out. In this case, TEN appeared after the combination of indomethacin and ritodrine, and other agents. As the authors described, insulin and corticosteroids were not considered to be the trigger. However, the relationship between TEN and indomethacin cannot be ruled out. Indomethacin has been reported to be a cause of TEN, and TEN usually develops 2-35 d after starting indomethacin. This case developed TEN 15 days after starting indomethacin. Although it is 10 days after withdrawing indomethacin, delayed type hypersensitivity (DTH) triggered by indomethacin could not be ruled out. 2. Please provide the

duration of all treatments in table 1. 3. Please provide a figure or chart to display the relationship between the application of all treatments and the appearance of skin injury. 4. As the skin injury cover the whole body. It would be better to provide more pictures of different parts and different stages.