



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 70056

Title: Y-shaped shunt for the treatment of Dandy-Walker malformation combined with giant arachnoid cysts: A case report

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00070191

Position: Editorial Board

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Turkey

Author's Country/Territory: China

Manuscript submission date: 2021-07-21

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-07-21 12:46

Reviewer performed review: 2021-07-22 13:25

Review time: 1 Day

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 Grade E: Do not publish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
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SPECIFIC COMMENTS TO AUTHORS

Manuscript Evaluation: 1 Title: The title reflects the main subject of the manuscript 2 Abstract. The abstract summarizes and reflects the work described in the manuscript. 3 Keywords. The keywords reflect the focus of the manuscript. 4 Background. The manuscript adequately describes the background, present status, and significance of the study 5 Methods. The manuscript describes methods in adequate detail. 6 Results. The research objectives are achieved by the case presented in this study. The contributions that the study has made for research progress in the choice of treatment of DWS. 7 Discussion. See comments below. 8 Illustrations and tables. The figures are sufficient, good quality, and appropriately illustrative of the paper contents. Figures do not require labeling with arrows, asterisks, and better legends. 9 Biostatistics. There is no need for statistics 10 Units. The manuscript meets the requirements of the use of SI units. 11 References. See below 12 Quality of manuscript organization and presentation. The manuscript is well, concisely, and coherently organized and presented. The style is accurate. For further evaluation, see below. 13 Research methods and reporting. Authors should have prepared their manuscripts according to manuscript type and the appropriate categories, as follows: (1) CARE Checklist (2013) - Case report; The authors prepare the manuscript according to the appropriate research methods and reporting 14 Ethics statements. The authors submit the related formal ethics documents. The manuscript meets the requirements of ethics. Dandy-walker malformation (DWS) constitutes a rare syndrome characterized by the lack of patency of the foramina of Luschka, and Dandy-walker malformation (DWS) constitutes a rare syndrome that is characterized by the lack of patency of the foramina of Luschka Magendie, cyst of the



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posterior fossa, and agenesis of the cerebellar vermis, cyst of the posterior fossa, and agenesis of the cerebellar vermis. Before the development of shunt systems, posterior fossa exploration and cyst excision was the only treatment of this syndrome. However, shunt systems in DWS are still controversial, and different results have been reported from different studies. In this report, a child with DWS who underwent a Y-shaped three-way valve for treating different pressures between the supratentorial hydrocephalus and the subtentorial arachnoid cysts at one time is presented to emphasize the combination of supratentorial and subtentorial cyst shunts is another safe and effective treatment modality for this rare diseases. 1. The discussion is very short. In this section, treatment options and history in DWM should be considered in more detail to provide more comprehensive information to the reader. 2. To my knowledge, some references* are missing. Information on these should also be discussed in detail in the discussion section. 3. * Mohanty A, Biswas A, Satish S, Praharaj SS, Sastry KVR. Treatment options for Dandy-Walker malformation. J Neurosurg (5 Suppl Pediatrics) 2006;105:348-56. 4. It would be more appropriate to summarize the demographic characteristics and follow-ups of the cases in which the Y-shaped three-way valve method as a table. 5. Some spelling errors should be corrected.



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Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05466290

Position: Editorial Board

Academic degree: MSc, RN

Professional title: Director, Research Scientist, Senior Lecturer, Senior Researcher

Reviewer's Country/Territory: Qatar

Author's Country/Territory: China

Manuscript submission date: 2021-07-21

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-07-21 12:04

Reviewer performed review: 2021-07-27 08:38

Review time: 5 Days and 20 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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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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
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SPECIFIC COMMENTS TO AUTHORS

This is a case report that highlighted case for a child was complicated with giant and isolated arachnoid cysts in the right cerebellar hemisphere along with the typical Dandy-Walker malformation. The patient was given a combination of supratentorial-subtentorial cyst shunt. - The case within the journal's scope. - This study was well designed, executed and presented. It makes important points which are widely applicable. - The conclusion is consistent with the evidence presented (however, it is very lengthy) - The discussion is relevant - References are up to date and relevant. - Figures are well presented abstract > case summary: please mention the child age, gender, and past history case presentation > treatment: please correct this statement "The patient was given a combination of supratentorial-subtentorial cyst s the patient was given a combination of supratentorial-subtentorial cyst shunt."



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Peer-review model: Single blind

Reviewer's code: 06124643

Position: Peer Reviewer

Academic degree: MBBS

Professional title: Academic Fellow, Doctor, Surgeon, Teacher

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2021-07-21

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-07-22 10:46

Reviewer performed review: 2021-07-29 02:20

Review time: 6 Days and 15 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 type="checkbox"/> Grade B: Minor language polishing <input checked="" 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

Dear authors, thank you for your precious time in writing this interesting case report. Be careful, you should rephrase your article, since certain clarifications are needed, and you should revise grammar and syntax of the article. Major revisions and rewriting is required. Good luck!

- Staggering (staggering gait- please specify), left to right during walking and ataxia- what is the difference?
- Childhood ataxia can be easily missed, especially those who are less than 3 years, ataxia in older children(>3 years) is similar to adulthood. So any other history/ signs elicited in the child would be more relevant.
- Please elaborate on the “etc” in the case summary.
- Please change the wording of the case summary, simplify
- Introduction should be to the point, do elaborate on the different types of treatment and the protocols followed in recent times for the same.
- In the case presentation, clarify the importance of the previous history (as staggering was not mentioned in the presenting complaints then)
- The chronology of said events are a little unclear; did the staggering come first or the fever. It is important to understand the etiology.
- Elaborate the diagnosis, “ cold “ is not a diagnosis, if relevant at all
- The past history suggests the development of ataxia (if it was present then), was of an acute nature, which doesn't correlate with DWM,
- Is ‘confusion’ necessary? As the differentials are different in those cases, such as- a varicella infection/ infectious mononucleosis/mumps. It is also important to note that in such a young population it is very difficult to differentiate between labyrinthitis and ataxia. A chronic non progressive ataxia is classical for DWM
- The imaging gives us the answer that it is DWM, but it is important to give a comprehensive description of the case.
- Please elaborate- inability to sit unsupported by their arms instead of



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difficulty in sitting. • Mention the Z scores for the head circumference, milestone assessment, CNS examination. • Please simplify the terms related to gait, like 'ataxic gait' • Please use small sentences. The long sentences combined with grammatical errors make it very hard for one to understand the underlying concept (please correct the second paragraph in the case presentation). • The line about "CP shunt/VP shunt done alone" would have us believe that both the procedures were performed but neither was effective. The decision to offer a combined shunt preoperatively should be conveyed properly (to clarify that it was not an intraoperative decision or was it?) • Since this procedure is not so common, the immediate postoperative period should be documented properly for the sake of future references • The "child's mental state was improved significantly", if you are commenting about the mental state of the child post operatively please tell about the preoperative period also (it has improved from?) • And figure 3B can not possibly explain the mental state of the child, please label the figures appropriately • The final diagnosis talks about the initial diagnosis again, I would recommend you to give a list of differentials in the initial step. • The part under treatment subheading is wrong and confusing. Please rephrase. • The follow up period could have been longer. It is important to mention the developmental milestones for a follow up period in a case such as this. • The discussion pretty much tells about the complications faced with different modalities in the long run. Therefore a follow up period of one year seems inadequate. • In this case, the combination of DWM and giant isolated arachnoid cysts seems a mere coincidence. If a syndromic diagnosis of the features above was proposed then it may be of some benefit to the literature. But since there are already many cases reported of DWM and arachnoid cysts (albeit not isolated), even that may be a long shot. • As for the treatment concerned, the combination therapy is already documented in the literature, but the volume of those is low. So a long term follow up of this procedure will be very helpful.



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Peer-review model: Single blind

Reviewer's code: 05446731

Position: Peer Reviewer

Academic degree: FACC, FACP, FAHA, FESC, MD, PhD

Professional title: Director

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-07-21

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-07-21 18:43

Reviewer performed review: 2021-07-30 20:57

Review time: 9 Days and 2 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
Re-review	<input checked="" type="checkbox"/> Yes <input 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

This case presentation seems to be interesting. As a reviewer, I have some comments.
#1 The authors had better a X-P picture or scheme showing the whole of Y-shaped shunt, to make the readers understand it easily. #2 In figure 1, the authors should provide figure legend in the detail, to help the reader understand what each figure means. #3 The authors should keep the "Conclusion" section simple. The authors should put the time course of present case as the mini-conclusion in the first paragraph in the "Discussion" section.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Clinical Cases*

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Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06124643

Position: Peer Reviewer

Academic degree: MBBS

Professional title: Academic Fellow, Doctor, Surgeon, Teacher

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2021-07-21

Reviewer chosen by: Jia-Ping Yan

Reviewer accepted review: 2021-09-29 06:14

Reviewer performed review: 2021-09-29 07:07

Review time: 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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
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

Nil



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Position: Peer Reviewer

Academic degree: FACC, FACP, FAHA, FESC, MD, PhD

Professional title: Director

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-07-21

Reviewer chosen by: Jia-Ping Yan

Reviewer accepted review: 2021-09-29 13:19

Reviewer performed review: 2021-09-29 23:12

Review time: 9 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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
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 have no further comments regarding the revised manuscript.