

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 80923

Title: High-flow priapism due to bilateral cavernous artery fistulas treated by unilateral embolization: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05104479

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor, Surgeon

Reviewer's Country/Territory: China

Author's Country/Territory: China

Manuscript submission date: 2022-10-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-10-18 01:16

Reviewer performed review: 2022-10-19 08:37

Review time: 1 Day and 7 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 Grade E: Do not publish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 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 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

SPECIFIC COMMENTS TO AUTHORS

The authors describe a case of high-flow priapism (HFP) due to bilateral cavernous artery fistulas treated by unilateral embolization. However, the number of HFP cases has increased gradually during the past few decades. There are some misdescriptions in the article. I would suggest adding some content into the discussion. In addition, I have the following review comments: 1. Cover Letter: And agree with submission to the Translational Andrology and Urology? Please check it out. 2. Case presentation: There are two laboratory examinations, the first one needs to be replaced with 'history of past illness'. The content is exactly the same as 'personal and family history' and 'history of past illness'. Please check it out. 3. Is the patient still married? You might want to consider adding it in case presentation section. 4. Physical examinations: Pre-injury sexual function assessment on the 5-item version of the International Index of Erectile Function (IIEF-5) was 24. However, in outcome and follow-up section, the assessment of sexual function was as follows: preoperative data (IIEF-5:25, EHS:4). Please check it out. 5. Outcome and follow-up: Figure 4D should change to Figure 3D. 6. Color Doppler ultrasonography (CDUS) is recommended to replace Ultrasound Doppler (CDUS) for expression. 7. Figure G, H, E and F are not necessary, I suggest deleting them. 8. Figure 1A, 2B, 2C, 2D and 3 don't need to be listed in the discussion section. 9. In addition to conservative treatment and embolization, a few scholars have proposed androgen blockade for the treatment of HFP. And super-selective embolization is the treatment of choice for HFP if conservative measures fail. Please focus this issue and discuss how to choose the appropriate treatment options. 10. Langenhuijsen et al. (27) believe that bilateral embolization is indicated when unilateral treatment does not result in



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detumescence of the penis. Čechová et al. (28) hold the view that when no further embolisation was possible, they propose conservative approach after embolisation even through the fistula was still present. And in addition to this, Kuwahara et al. has reported on 'high flow priapism after perineal trauma, successfully treated by unilateral embolization of the internal pudendal artery: a case report'. In which situations should we perform contralateral embolization, please discuss with reference to the above literature.

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

Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

The authors reported the first case of successful treatment of HFP by unilateral embolization for bilateral cavernous artery fistulas. The authors should clarify some contents in the manuscript. 1. page 5, line 3, "chief complaint" is not commonly used. 2. there are two "laboratory examinations" in page 5 and page 6. please delete one. 3. There is incorrect spelling in page 6 line 2 (the). 4. Page 2 line 28, "We" should be in low-case, please correct it. 5. page 7, line 18, "the patient did not experience recurrent erection" the sentence is vague, please clarify. as well as page 10, line 12. 6. in conclusion part. "Selective contralateral embolization is important for patients who do not respond to postoperative conservative treatment" the meaning is vague, please correct it.