

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 80983

Title: The impact of lockdown policies during the COVID-19 outbreak on the level I trauma center of a tertiary comprehensive hospital in China: A retrospective study

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05626712

Position: Peer Reviewer

Academic degree: MD

Professional title: Academic Editor, Academic Research, Assistant Professor, Attending Doctor, Research Scientist

Reviewer's Country/Territory: Iran

Author's Country/Territory: China

Manuscript submission date: 2022-10-20

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-12-01 13:19

Reviewer performed review: 2022-12-04 08:50

Review time: 2 Days and 19 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 Grade E: Do not publish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 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
Peer-reviewer	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous
statements	Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No

SPECIFIC COMMENTS TO AUTHORS

Summary: A retrospective, unicentric report of the modifications in the rate and pattern of trauma submission between the pandemic and pre-pandemic era. The study found that total number of admissions was declined, and the pattern of injuries was turned into indoor injuries. General evaluation: Considering the lack of relevant information, I found this manuscript valuable. Minor comments: 1. Please explain the acronyms in the parenthesis for their first appearance. For example, ISS score. 2. Figure 2. Pie charts are no longer acceptable way to presents the data (based on AMA manual of style, 11th edition). It is recommended to choose an alternative way to express the data in Fig. 2. 3. Table 3 and Figure 2 representing a similar data. Hence, it is recommended to keep one of them (preferably table). 4. Table 4. P-value = 0.000 is meaningless. It is suggested to show all p-values less than 0.001 as “ P-value < 0.001”. 5. Introduction: “posing a major threat to the health of all populations”. It is suggested to cite the following two articles to reflect the COVID impacts overseas: 1- <https://doi.org/10.1016/j.rpor.2020.07.001> 2- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7779976/>

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

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Reviewer's code: 06301996

Position: Peer Reviewer

Academic degree: MD, MSc

Professional title: Doctor, Researcher, Surgeon

Reviewer's Country/Territory: Greece

Author's Country/Territory: China

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Reviewer chosen by: Dong-Mei Wang

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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 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

SPECIFIC COMMENTS TO AUTHORS

Congratulations to the authors for sharing their experience with trauma during the peak of the Covid-19 pandemic and at the heart for a highly-impacted region. Methodology is scientifically sound and supported by comprehensive and comprehensible figures. I have no major comments to make, only a few suggestions: 1) In Figure 2 please add (*) above the bars that have a statistically significant difference. 2) Although the severity of trauma has declined in 2020, as indicated by both mechanism of injury and ISS score, this is not reflected on management, as the difference in emergency surgeries and mortality have no statistically significant difference between the two periods. Please comment accordingly in the Discussion section. Again, congratulations on your work.

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Peer-review model: Single blind

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Author's Country/Territory: China

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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
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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 type="checkbox"/>] Anonymous [<input checked="" type="checkbox"/>] Onymous
	Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No

SPECIFIC COMMENTS TO AUTHORS

According to this report from a China 3 level trauma center, the number of major injuries has decreased, but the severity (ISS>15) and mortality have not changed during the first wave of COVID-19 movement restrictions. As a result of this report, it can be concluded that there was no need to reallocate trauma professionals and resources during COVID-19. I have a few minor questions: The term "death" should be specified in Table 4, if it should be considered a death that occurred in-hospital on arrival at the emergency room. Could you please comment briefly on the very low death rate in 2019 and 2020 despite an important rate of patients with ISS scores over 15.