



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 81767

Title: Bow-and-arrow sign on point-of-care ultrasound for diagnosis of pacemaker lead-induced heart perforation: A case report and literature review

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 05340213

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer’s Country/Territory: United States

Author’s Country/Territory: China

Manuscript submission date: 2022-11-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-11-25 06:50

Reviewer performed review: 2022-11-27 11:44

Review time: 2 Days and 4 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 Grade E: Do not publish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

SPECIFIC COMMENTS TO AUTHORS

Overall, this is not a new concept. There was a fairly similar recent POCUS cardiac perforation case report published (<https://www.jmuonline.org/article.asp?issn=0929-6441;year=2022;volume=30;issue=3;spage=221;epage=222;aulast=Chen>). If anything is a new concept, potentially your 'archery' sign but these diagnostic features are described elsewhere as well. Additionally without being able to see your images, pictures, or tables I again am unsure of what this case report adds to the current knowledge regarding cardiac perforation following pacemaker placement (specifically figure 3 and 5). One thing I did find interesting about this case was the presentation. In this ICU patient post surgery I would not have had cardiac tamponade due to pacemaker lead perforation first on my differential (in my mind I would have considered sepsis, PE, bowel ischemia, bowel perforation). This is not discussed much but to me that is truly the use of POCUS in this situation is that you have a critically ill patient who decompensated from an unknown etiology and now your POCUS exam is there to help you find out why. The way you present this case, it seems like you already 'knew' it was cardiac tamponade? Additionally, you advertise this as a literature review but give no detail about the case reports you looked at, how they were selected, how the literature was reviewed, etc. There were many word choice/grammatical errors throughout (some of these are listed below). Also the check list and comments are listed below.

- 1 Title. Does the title reflect the main subject/hypothesis of the manuscript? Yes
- 2 Abstract. Does the abstract summarize and reflect the work described in the manuscript? Yes
- 3 Key Words. Do the key words reflect the focus of the manuscript? Yes (although review is



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generic and I do not think that this by any means qualifies as a literature review) 4 Background. Does the manuscript adequately describe the background, present status and significance of the study? Yes, describes the background but this isn't a novel concept. Recently published case report of subacute lead perforation diagnosed with POCUS

<https://www.jmuonline.org/article.asp?issn=0929-6441;year=2022;volume=30;issue=3;page=221;epage=222;aulast=Chen> Also bedside echo used in many pacemaker placements to evaluate post procedure for pericardial effusion. 5 Methods. Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail? Not applicable, case report. 6 Results. Are the research objectives achieved by the experiments used in this study? What are the contributions that the study has made for research progress in this field? Not applicable, case report. 7 Discussion. Does the manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly and logically? Are the findings and their applicability/relevance to the literature stated in a clear and definite manner? Is the discussion accurate and does it discuss the paper's scientific significance and/or relevance to clinical practice sufficiently? 8 Illustrations and tables. Are the figures, diagrams, and tables sufficient, good quality and appropriately illustrative, with labeling of figures using arrows, asterisks, etc, and are the legends adequate and accurately reflective of the images/illustrations shown? No, the supplementary material is not in English and opened as a note file (not word, pdf, etc). Additionally, the manuscript only includes the titles of the figures and tables thus I was unable to review any of the tables, figures, or diagrams. These need to be re-submitted. 9 Biostatistics. Does the manuscript meet the requirements of biostatistics? Not applicable. 10 Units. Does the manuscript meet the requirements of use of SI units? Unable to review any tables or figures (as stated in #8) so cannot say if correct units used throughout. 11 References.



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Does the manuscript appropriately cite the latest, important and authoritative references in the Introduction and Discussion sections? Does the author self-cite, omit, incorrectly cite and/or over-cite references? I would cut down the number of references (not all your stated references add to your paper). 63 references for a case report is entirely too many.

12 Quality of manuscript organization and presentation. Is the manuscript well, concisely and coherently organized and presented? Is the style, language and grammar accurate and appropriate? No, multiple grammatical/word choice errors throughout. Some details below.

13 Research methods and reporting. Authors should have prepared their manuscripts according to BPG's standards for manuscript type and the appropriate topically-relevant category, as follows: (1) CARE Checklist (2013) - Case report Yes, except: Informed consent: In the document it states that informed written consent was obtained from the patient. It seems that the patient was critically ill and died 24 hours post operatively. In that this is a case report, it seems unlikely that this patient herself gave written consent for this publication. Please clarify.

14 Ethics statements. For all manuscripts involving human studies and/or animal experiments, author(s) must submit the related formal ethics documents that were reviewed and approved by their local ethical review committee. Did the manuscript meet the requirements of ethics? Not applicable, case report

Line Specific Comments:
Page 3: Line 12-13: CT scan was 'not applicable' this does not make sense. If it was that patient was too unstable then that should be what is said. Or if a CT scanner was not available then that should be said. Ln 15-19: redundant Page 6: Ln 16: Was the blood pressure via a NIBP cuff or arterial line? Ln 21-22: Distant heart sounds alone do not make me think tamponade. If anything, the JVD, hypotension would make that story more probably. Also in the setting of the lead placement 26 days prior and recent operation 6 days ago, was tamponade due to lead perforation the highest thing on your differential at this point? To me it seems like sepsis, bowel perforation,



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others should also have been considered. Ln 25-26: I would just change to say that 'Laboratory studies were obtained and are summarized in Table 1.' For the laboratory studies in this critically ill patient I think it would be beneficial to include the labs prior to this acute episode so that the reader can see any sudden changes that coincide with this new clinical presentation. Page 7: Ln 12-13: Again, I would not use the phrase 'not applicable' to describe why the CT scan was not obtained; can just use 'not obtained due to the critical status of the patient.' Ln 12-15: Cardiac tamponade is a clinical diagnosis not an ultrasound diagnosis thus saying that the pericardial effusion was associated with cardiac tamponade is not correct. You could say that this supported the diagnosis of cardiac tamponade but you need to delineate what ultrasonographic features support that (the size of the pericardial effusion has nothing to do with whether there is tamponade physiology it has to do with chamber collapse during particular phases of the cardiac cycle). Ln 16-19: Amount of blood has nothing to do with ongoing life-threatening bleeding. Due to this one exam as a snapshot in time you have no idea how fast this fluid accumulated. This should be further specified. Additionally, I would comment on the hemodynamic response to pericardial drainage (i.e. if hemodynamics improved that would support tamponade physiology). Page 8: Ln 10-13: final diagnosis section does not add anything to case report, would suggest removal. Ln 15-28: I assume that TEE was performed during the case. I would add TEE findings, specifically any changes in RV function pre and post repair. Ln 24-28: You state the patient 'presented' with refractory circulatory shock... I would specific if this was during the case, after repair, ongoing process, or after certain period in the ICU. Page 9: Ln 1: Remove word 'however' Ln3-4: Remove last sentence. Ln 9: I would give data as to what percent of serious complications are lead induced cardiac perforation. Page 10: Ln 28: Replace phrase 'not applicable' Page 11: Ln16-31: You need to include some rationale for what cases you reviewed, how you selected them,



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etc. A literature review as you are implying needs to be done in a standardized fashion or you can just self select for what cases you want. You need a protocol or diagram for how this review was conducted. Page 12: Ln 14: change exaction to extraction Ln 27-29: 'was' required in this case Page 13: Ln12: You say delayed but do not define what delayed is (earlier in paper you use acute, subacute, and chronic). Consider using consistent terminology. Ln16-18: This is the first mention of your archery sign thus you cannot say it is indicative. Additionally this sentence should be rephrased to be more clear.



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Peer-review model: Single blind

Reviewer's code: 06254416

Position: Peer Reviewer

Academic degree: MD

Professional title: Assistant Professor, Attending Doctor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

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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
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 checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
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	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Page 5 Line 12 This is not grammatically correct. Change “we presents with” to “we present” or reword the entire sentence. If I may editorialize, I'm curious if "bow-and-arrow" sign is more colloquial than "archery" sign. Much like the "sea-and-sand" sign assessing for pneumothorax. I agree with the scientific contribution of the paper. Perhaps as a reader, I think including the "archery sign" or "bow-and-arrow sign" in the title would emphasize this tool as to me it is the take-home point.



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Peer-review model: Single blind

Reviewer's code: 06087956

Position: Peer Reviewer

Academic degree: MD, MS

Professional title: Associate Professor, Chairman, Lecturer, Senior Lecturer, Surgeon

Reviewer's Country/Territory: Afghanistan

Author's Country/Territory: China

Manuscript submission date: 2022-11-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-11-26 05:22

Reviewer performed review: 2022-12-03 12:22

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

SPECIFIC COMMENTS TO AUTHORS

Dear Author; Congratulations and thanks for submitting the above-mentioned interesting article (case report) for publication to the World Journal of World Journal of Clinical Cases. I appreciate you and hope your case to be published. Comments: 1. The case is interested and well described. 2. Are there other clinical conditions which mimicking archery sing, if this is the case you are better to add this issue to your article (not obligation). 3. The case needs minor language polishing. I hope your case to be published. Regards, Dr. Hakimi



RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 81767

Title: Bow-and-arrow sign on point-of-care ultrasound for diagnosis of pacemaker lead-induced heart perforation: A case report and literature review

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05340213

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2022-11-24

Reviewer chosen by: Li Li

Reviewer accepted review: 2023-01-07 09:38

Reviewer performed review: 2023-01-07 10:03

Review time: 1 Hour

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
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 think that your revisions have much improved the quality, clarity, and impact of the paper.