

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 82162

**Title:** Understanding the multifaceted etiopathogenesis of diabetic foot complications in individuals with chronic diabetic conditions

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 03537202

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Adjunct Professor, Doctor, Professor

**Reviewer's Country/Territory:** Italy

**Author's Country/Territory:** Croatia

**Manuscript submission date:** 2022-12-07

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-01-08 16:11

**Reviewer performed review:** 2023-01-08 16:52

**Review time:** 1 Hour

Scientific quality	<input checked="" type="radio"/> Grade A: Excellent <input type="radio"/> Grade B: Very good <input type="radio"/> Grade C: Good <input type="radio"/> Grade D: Fair <input type="radio"/> Grade E: Do not publish
Novelty of this manuscript	<input checked="" type="radio"/> Grade A: Excellent <input type="radio"/> Grade B: Good <input type="radio"/> Grade C: Fair <input type="radio"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input checked="" type="radio"/> Grade A: Excellent <input type="radio"/> Grade B: Good <input type="radio"/> Grade C: Fair <input type="radio"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	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

Authors reported a review article to provide an overview on diabetic foot complications in people with long-term diabetes. STATUS: ACCETTABLE FOR PUBLICATION PENDING MINOR REVISIONS General considerations: This is a mini review article. The work is interesting, the paper is very well-written, and the discussion is wide-ranging. Abstract: the abstract appropriately summarize the manuscript without discrepancies between the abstract and the remainder of the manuscript. Reference: adequate. Please, make the required additions. Paper On some aspects, the authors should address: 1)I believe that at least a mention about "traditional" approaches to the diabetic foot, for example surgery or vascular radiology. For example, I suggest you read this commentary about the interventional radiology in the treatment of diabetic foot: -Reekers JA. The Role of Interventional Radiology in the Treatment of Arterial Diabetic Foot Disease. Cardiovasc Intervent Radiol. 2016;39(10):1369-1371. doi:10.1007/s00270-016-1337-y 2)Additionally, I suggest you refer to innovative interventional approach such as Cangiano one, who have treated chronic critical limb ischemia (cCLI) patients with no surgical options approach by the creation of an AVF

with a IVUS-guided percutaneous deep vein arterialization (pDVA). I would like you briefly discuss about it, citing the following article: -Cangiano G, Corvino F, Giurazza F, et al. Percutaneous Deep Foot Vein Arterialization IVUS-Guided in No-Option Critical Limb Ischemia Diabetic Patients. Vascular and Endovascular Surgery. 2021;55(1):58-63. doi:10.1177/1538574420965743 3)The iconography is poor. It would be necessary to insert clinical images, instrumental images and their comments (for example, Doppler ultrasound, angio-CT, angio-MRI images).

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**Reviewer's code:** 05082406

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Associate Professor

**Reviewer's Country/Territory:** India

**Author's Country/Territory:** Croatia

**Manuscript submission date:** 2022-12-07

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-01-04 02:56

**Reviewer performed review:** 2023-01-14 05:05

**Review time:** 10 Days and 2 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
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	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

Present manuscript is aimed to review the etiopathogenesis of foot complications in diabetes. My comments are as follows • Title can be “Understanding the multifaceted etiopathogenesis of diabetic foot complications in individuals with chronic diabetic complications” • Abstract: “Due to neuropathy, diabetic foot infections most commonly occur in the form of ulcers”. Not all ulcers are infected, hence this statement need to be revised. • Abstract can be more precise/rewritten to depict what is discussed in mini review. The flow of the abstract needs restructuring. Suddenly the abstracts switches to HBOT before discussing standard treatment modalities. • Please avoid the term “Diabetic patients” throughout the manuscript. People with diabetes or individuals with diabetes may be used. • The statements need to be revised “characterized by inadequate control of glucose blood levels” . This does not define diabetes! • DFU also contribute to increased mortality which should be mentioned in introduction. There are excellent long term studies across the globe mentioning the same. (Diabet Med. 2016;33(11):1493–1498. doi: 10.1111/dme.13054 ; Diabetes Res Clin Pract. 2020 Apr;162:108113. doi: 10.1016/j.diabres.2020.108113; J Diabetes Res. 2016;2016:2879809.

doi:10.1155/2016/2879809; PLoS One. 2017 Nov 27;12(11):e0188097. doi: 10.1371/journal.pone.0188097 etc) • Which guidelines authors are referring to that leave questions unanswered? IWGDF guidelines are quite comprehensive and may be mentioned. • , “there is only limited high-quality evidence for many critical questions” What are the unanswered questions need to discuss atleast broad areas in introduction section. • frank neuropathic ulcers are still more prevalent in low-income countries[16]. Reference 16 is related to Australian guidelines and donot mention about the cited statement. Please reconsider. • Authors can add section on poor immune response secondary to hyperglycemia as a contributing factor for DFI. (impaired cell mediated and humoral immunity). • How does hyperglycemia impair wound healing in diabetes compared to controls? Is there any evidence that intensive glycemc control hastens wound healing? Please consider to include the discussion on these aspects as well. • They can also discuss the stages of wound healing and how diabetes affects different phases of wound healing. This shall provide deep insights into the pathophysiology of foot complications as the title suggests. • Charcot Neuroarthropathy of foot is also a foot complications which is entirely missed by the authors with passing remark as “special entity called Charcot's foot”. CN is also associated with significant morbidity (amputation) and even increased mortality which needs to be mentioned in manuscript. • Section on microbiology can be truncated to discuss polymicrobial infections, Types of organisms observed in meta analysis, Varied bacteriological profile that depends on foot care facility/ geography, Biofilms and then fungal infections. • (doi: 10.1016/j.jdiacomp.2016.11.001) • Presentation of diabetic foot with deformities like pas planus, mid foot collapse, rocker bottom, fractures etc is not mentioned (mainly seen in people with CN) • Diagnostic evaluation: Can be presented better by providing table and flow charts. • However, I think that the manuscript is intended to provide review of the “multifaceted nature of foot complications” that means etiopathogenesis. Hence,



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diagnostic and treatment considerations should not be included as these aspects need further detailed review. The present review misses/ could not concise many aspects for diagnosis and therapy. • English language in whole manuscript needs reconsideration and formatting.

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Reviewer's Country/Territory:** India

**Author's Country/Territory:** Croatia

**Manuscript submission date:** 2022-12-07

**Reviewer chosen by:** Li-Li Wang

**Reviewer accepted review:** 2023-02-04 06:29

**Reviewer performed review:** 2023-02-04 06:55

**Review time:** 1 Hour

<b>Scientific quality</b>	<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
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Peer-reviewer</b>	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**

Authors have revised the manuscript appropriately

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**Review time:** 9 Hours

<b>Scientific quality</b>	<input checked="" type="checkbox"/> Grade A: Excellent <input 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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Conflicts-of-Interest: [ ] Yes [Y] No

#### **SPECIFIC COMMENTS TO AUTHORS**

Authors reported a review article to provide an overview om diabetic foot complications in people with long-term diabetes. STATUS: ACCETTABLE IN ITS CURRENT FORM. General considerations: The work is interesting, and the paper is very well-written. I recommend its publication. Abstract: the abstract appropriately summarize the manuscript without discrepancies between the abstract and the remainder of the manuscript. Keywords: adequate. Figure Legends: good. Reference: the references are adequate.