

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 91175

Title: Thoracic spine infection caused by *Pseudomonas fluorescens*: a clinical case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06266875

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Reviewer_Country

Author's Country/Territory: China

Manuscript submission date: 2023-12-23

Reviewer chosen by: Jin-Lei Wang

Reviewer accepted review: 2024-01-08 02:59

Reviewer performed review: 2024-01-16 09:43

Review time: 8 Days and 6 Hours

Scientific quality	☐ Grade A: Excellent ☒ Grade B: Very good ☐ Grade C: Good ☐ Grade D: Fair ☐ Grade E: Do not publish
Novelty of this manuscript	☐ Grade A: Excellent ☒ Grade B: Good ☐ Grade C: Fair ☐ Grade D: No novelty
Creativity or innovation of this manuscript	☐ Grade A: Excellent ☒ Grade B: Good ☐ Grade C: Fair ☐ Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	☐ Grade A: Excellent ☒ Grade B: Good ☐ Grade C: Fair ☐ Grade D: No scientific significance
Language quality	☐ Grade A: Priority publishing ☒ Grade B: Minor language polishing ☐ Grade C: A great deal of language polishing ☐ Grade D: Rejection
Conclusion	☐ Accept (High priority) ☐ Accept (General priority) ☒ Minor revision ☐ Major revision ☐ Rejection
Re-review	☐ Yes ☒ No
Peer-reviewer statements	Peer-Review: ☒ Anonymous ☐ Onymous
	Conflicts-of-Interest: ☐ Yes ☒ No

SPECIFIC COMMENTS TO AUTHORS

This study increases the range of pathogens of spinal infections, highlights the unique advantages of gene sequencing technology in difficult-to-diagnose diseases, and validates the conservative treatment of a full course of antibiotics preferred for spinal infections without complications. There are some problems with the novelty, study design, as well as data illustration. The major issues to be addressed are listed as follow:

1. Post-treatment imaging data were lacking for comparison.
2. Is moxifloxacin the most sensitive drug to treat *Pseudomonas fluorescens*? What other medications are available? Which antibiotics are they not sensitive to?
3. Why are cultures and biochemical tests difficult to detect *Pseudomonas fluorescens*?
4. The treatment is effective only for symptom relief, is there sequencing again?
5. Unify font sizes in figure legend.
6. There is more than one species of *Pseudomonas fluorescens* in the sequencing results, is there the possibility of co-infection?
7. What is the incidence and the epidemiological characteristics of *Pseudomonas fluorescens*? The discussion is not in-depth, so I recommend to revise the paper.