



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 90681

Title: Recovering from prolonged cardiac arrest induced by electric shock: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 00502892

Position: Peer Reviewer

Academic degree: PhD

Professional title: Professor

Reviewer’s Country/Territory: United States

Author’s Country/Territory: China

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Reviewer chosen by: Meng-Liu Luo

Reviewer accepted review: 2024-01-25 17:10

Reviewer performed review: 2024-02-06 14:11

Review time: 11 Days and 21 Hours

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 Grade E: Do not publish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



Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
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 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

This report describes a case of a young adult male who suffered cardiac arrest precipitated by electric shock. Beginning with the timely administration of bystander CPR, the interventions that culminated in a good outcome are described in detail, as are findings on physical exam, neurological tests and blood chemistry. The many details could inform efforts to optimize cardiac resuscitation, especially in younger patients. The patient was 27 years old. Would similar outcomes be achievable in older adults receiving the same interventions? Please discuss this potential limitation. What does this case teach us about management of cardiac arrest? Did any of the interventions differ from standard of care, and if so, did those changes contribute to the favorable outcome? Emergency physicians reading this report will want to know – please discuss. There are many serum chemistry values presented in the text (lines 80-89 and 99-101) that might be better presented in a table, with the initial and 2-day values alongside the reference ranges for these variables. Several variables are reported in the first set of values but not for day 2. Were there any changes in transaminase activities, white and red cell and platelet counts, CK-MB, troponin, myoglobin, bilirubin, etc. at 2 days? The 2-day values



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may inform clinical decision making for physicians hoping for similar outcomes for their patients. There are a few minor points: Line 64: “20 minutes later” – Is this the time from onset of cardiac arrest? If not, please include that information. Line 75: “eyes” – pupils? The long paragraph from lines 60 to 119 could be divided into shorter paragraphs for readability. Lines 89, 98 and 107 may be appropriate points to start new paragraphs. Throughout this section there are numerous non-standard acronyms, some of which aren’t defined. Does SBE (line 89) differ from BE (line 101)? Do those values represent base excess? Other acronyms are defined (e.g. WBC, RBC, ALT, AST, TBIL) but only appear once. Organizing the data in a table may mitigate these problems. Line 76: Text is missing Line 119: Were there no lingering deficits? Line 131: “increase” – decrease?