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315-321 Lockhart Road,
Wan Chai, Hong Kong, China

ESPS Peer-review Report

Name of Journal: World Journal of Clinical Cases

ESPS Manuscript NO: 7229

Title: Successful recanalization with multimodality endovascular interventional therapy in acute ischemic stroke: Case series in single center and procedure description

Reviewer code: 00646325

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-11-09 19:25

Date reviewed: 2013-11-17 01:48

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[] Grade A (Excellent)	[] Grade A: Priority Publishing	Google Search:	[] Accept
[] Grade B (Very good)	[] Grade B: minor language polishing	[] Existed	[] High priority for publication
[Y] Grade C (Good)	[Y] Grade C: a great deal of language polishing	[] No records	[] Rejection
[] Grade D (Fair)	[] Grade D: rejected	BPG Search:	[] Minor revision
[] Grade E (Poor)		[] Existed	[Y] Major revision
		[] No records	

COMMENTS TO AUTHORS

Authors describe 7 patients who presented with stroke and received intra-arterial thrombolysis at a Thailand hospital. This case series adds to the current scarce literature available from these centres.

1. There are many English and grammatical mistakes. Incorrect use of capital letters. Best suggestion to authors is to have the manuscript reviewed by a native English speaking person. Some examples are:

Acute ischemic stroke patients, who not eligible for IV rtPA per standard protocol.

She was dyslipidemia.

Solitaire was slowed pull back.

Unfortunately, she suffered from left MCA after 4 months

Symptom was fluctuated.

Some residual thrombus was remained in basilar artery but no further intervention was attempted.

Right Hemiparesis was improved after procedure. Severe dysphasia was remained.

IA rtPA 5mg was given without improved.

Patient was remained comatose for 3 days. She began to move her right hand, open her eyes and followed simple command on 4th day of admission.

Occluded artery can be opened immediate after deployment.

1. Few spell checks: E.g. verterbral, maintainance.
2. Figures: Need legends/description and it would be better if authors put arrows on pictures to indicate improvement/recanalization.



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3. Discussion: Too lengthy and some paragraph not relevant to the case series. Needs to be rewritten. Authors should compare their results especially recanalization and rates of haemorrhage to other studies and what is different in their study. E.g. "We described 7 cases of endovascular treatment with successful recanalization in acute ischemic stroke patients. Good outcomes, defined by mRS less than 2, were found in 5 of 7 cases (71%). When mechanical thromboembolectomy devices were used, complete recanalization was 4 of 5 cases (80%). This was in the same range of outcome reported by other centers." They need to provide more details here and provide references.

I am unclear what does author mean here: "The factors associated with good outcomes were age and collateral blood supply. When age was over 80 years old, only 1 of 3 have good outcome (33%). And 2 of 3 cases (66%) who had good collateral supply had good outcome even the direct flow cannot be restored." Do they mean old age and presence of good collateral supply are good prognostic indicators in their series or otherwise.



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Title: Successful recanalization with multimodality endovascular interventional therapy in acute ischemic stroke: Case series in single center and procedure description

Reviewer code: 00608314

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-11-09 19:25

Date reviewed: 2013-11-17 10:54

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

It is a nicely written collection of cases treated with endovascular procedures. It would be more informative and interesting if Authors describe the current status of the endovascular treatment in view of the recently published negative results of IMS-3, MR-RESCUE and SWIFT trial.



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Title: Successful recanalization with multimodality endovascular interventional therapy in acute ischemic stroke: Case series in single center and procedure description

Reviewer code: 00646655

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-11-09 19:25

Date reviewed: 2013-11-23 05:49

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Comments: 1. The authors should present cases with no responses or poor responses after the endovascular interventional treatment in the similar settings. Also, the possible reasons for the unsuccessful therapy need further discussion. 2. The discussion was lengthy and poorly organized. The sub-titles are suggested to make the discussion clear. 3. It could be interesting to show the MRI images of each patient to compare the location, extent and outcomes of the stroke. 4. The manuscript should be proof read carefully. There are many grammatical and spelling errors.