

ESPS Peer-review Report

Name of Journal: World Journal of Clinical Cases

ESPS Manuscript NO: 6884

Title: Elective Thoracotomy for Pedicle Screw Removal to prevent severe aortic bleeding

Reviewer code: 00289548

Science editor: Song, Xiu-Xia

Date sent for review: 2013-10-30 16:13

Date reviewed: 2013-11-19 03:56

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" 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 checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	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

I have seen this on two occasions. I think any details about the angle of the screws, advice on how to avoid the potential erosion issue etc would be helpful. I also wonder, as there was no hard evidence of actual aortic penetration, if a VATS approach might have been used? Finally, during a visit to one center where this occurred, it was suggested that a TEVAR might work, which I think is dangerous as the screw will inevitably penetrate the graft so exploration (as you performed) is the correct approach.

ESPS Peer-review Report

Name of Journal: World Journal of Clinical Cases

ESPS Manuscript NO: 6884

Title: Elective Thoracotomy for Pedicle Screw Removal to prevent severe aortic bleeding

Reviewer code: 00503204

Science editor: Song, Xiu-Xia

Date sent for review: 2013-10-30 16:13

Date reviewed: 2013-11-22 07:33

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 checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" 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)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The authors mention that "One month later the patient needed revision surgery because of a seroma at the back. No further complications were observed." Did the authors follow-up their patient after this complication and with what frequency? What was she like at 6 months or 1 year? These details should be provided.

ESPS Peer-review Report

Name of Journal: World Journal of Clinical Cases

ESPS Manuscript NO: 6884

Title: Elective Thoracotomy for Pedicle Screw Removal to prevent severe aortic bleeding

Reviewer code: 01259882

Science editor: Song, Xiu-Xia

Date sent for review: 2013-10-30 16:13

Date reviewed: 2013-12-21 00:20

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 checked="" type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" 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

The study reported how a 33 year old patient underwent a thoracotomy for pedicle screw removal due to suspected contact with the aorta. Overall, the writing in all sections should be significantly improved for the paper to be suitable for publication. The Introduction would benefit from a clear aim and objective, with a succinct summary and acknowledgement of previous studies. The Case Report section lacks detail/is unclear in parts (e.g. 'She was ventilated'; 'Besides further injuries she suffered from...'). Details about postoperative care, days spent in intensive care, wound healing, subsequent rehabilitation, follow-up imaging and time scale for this etc. etc. after both pedicle screw insertion and elective thoracotomy are needed here. The authors should also state the postoperative follow-up procedure after the revision surgery due to the development of the seroma. The Conclusion section is brief, too general and could be expanded. The aims and relevance of the study, citing previous work, and a concluding statement, would be useful in this section. In this case study, could the patient have avoided surgery if a combination of imaging techniques were employed (e.g. CT and two- or three-dimensional fluoroscopy-based navigation) to provide the precise anatomy of the pedicle screws and confirm perforation of the aorta?