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ESPS Peer-review Report

Name of Journal: World Journal of Clinical Cases

ESPS Manuscript NO: 9884

Title: Name of Journal: World Journal of Clinical Cases

Reviewer code: 02861195

Science editor: Ling-Ling Wen

Date sent for review: 2014-03-02 20:35

Date reviewed: 2014-03-10 22:08

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

English language errors are so important as to distort the sense of many phrases. The manuscript most certainly warrants thorough English language revision. It is not clear why the patient had iliac artery occlusion; were these occlusions bilateral? For a Journal of Clinical Case reports, this is quite a specific subject to deal with. In my personal opinion, such a case report might best be suit for a cardiosurgical journal. In any event, if it is to be considered apt for this present journal, certainly an explanation for readers should comprehend the HeartMate II pump components, the site of possible thrombosis, and other technical aspects much more in detail. This is important because otherwise readers who are not familiar with such a specific device and its possible complications will probably not derive any benefit from reading the manuscript. This being an extremely specific situation (which will be encountered by few clinicians) its applicability is limited. Rather than an anecdotal case report, the manuscript could benefit from being reorganized in such a way that: a) first, the specific aspects of the device, its components, and its function are introduced properly, b) the adequacy, sensibility and specificity of CT scan in evaluating the presence of thrombosis within the device, c) the different clinical complications that can occur (briefly) and their possible clinical manifestations. In this context, subsequently, the value of urine coloration as a clinical sign can be discussed. The Authors are requested to provide information on reasons why echocardiography and CT scan might misdiagnose a thrombus within the device. The thrombus presented in Figure 2 is described to be attached along the inlet stator. Further information on this part of the device is warranted (e.i. what material is it made of, what are the risk factors for thrombosis development in this specific place, for instance, special turbulent flow, thrombogenic surface, etc, and what are other possible sites of



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thrombosis (with the respective percentage of events occurring for each part of the device). Although a case report obviously has space constraints, a more complete discussion of what the possible “medical management” is could be incorporated, and the indications for performing surgery (with pump substitution) vs attempting medical management. Was the thrombus analysed histologically? Was there any sign of infection? Was infection excluded? What was the patient’s follow up (months? Further morbidity? Etc). What was the reason for the sub-anticoagulation (INR of 1.7 upon arrival?) Furthermore, an explanation of what is meant by such technical specificities as “elevation in the pump power” is warranted. No information is provided regarding the etiology of heart failure (also considering that the patient is relatively young). No information is provided regarding the risk factors for thrombosis of the device. The figures are appealing, as they greatly illustrate the clinical case.



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ESPS Peer-review Report

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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)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The manuscript of this case report is well written and well organized. The case report presented reflects a complication of LVAD treated surgically.



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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)		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 authors submitted a case report on "Resolution of hemolysis from pump thrombus during left ventricular assist device exchange. ." Although this is an interesting case, there are several major issues with the manuscript. (1) They need to provide more information about Echocardiography findings? LVAD inflow/outflow Velocities, color flow pattern, and Doppler flow profile? They need to add a picture showing the inflow Doppler profile. . (2) It is not clear if TEE was done? TEE should have been done to evaluate LVAD malfunction, if so what were the findings (3) Just showing changes in urine color is not enough, they need to add Urine-analysis. (4) No laboratory data has been shown anywhere in the manuscript documenting the resolution of the hemolysis (post LVAD exchange) (5) They need to add a table showing baseline (before hemolysis) labs i.e. CBC/bilirubin/Retic count/LDH/UA/haptoglobin/free plasma hemoglobin, during the hemolysis and post LVAD exchange(when the hemolysis resolved) (6) There are spelling errors (for example, under case report in the 3rd paragraph) and extra spaces (between words) throughout the manuscript. (7) Why this patient developed LVAD thrombosis and what measures was taken to prevent after placement the second LVAD. Do we know how the patient doing after few months ? (8) The discussion about the echo (under discussion section) is very superficial in its content, and does not advance the reader's understanding of this topic.