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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 24782

Title: Surgeon-performed point-of-care ultrasound in severe eye trauma: Report of two cases

Reviewer's code: 00505209

Reviewer's country: Poland

Science editor: Shui Qiu

Date sent for review: 2016-02-09 18:42

Date reviewed: 2016-05-02 05:10

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

I consider this study to have valuable data that would be of interest if published. However in my opinion it needs a major revision. The major issue is a small number of cases. It should be rather a case series of 5-10 patients with tables showing clinical and demographic data and with direct comparison of ultrasound accuracy with other diagnostic techniques.



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 24782

Title: Surgeon-performed point-of-care ultrasound in severe eye trauma: Report of two cases

Reviewer’s code: 00505222

Reviewer’s country: South Korea

Science editor: Shui Qiu

Date sent for review: 2016-02-09 18:42

Date reviewed: 2016-05-03 18:09

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Dear authors, This manuscript is interesting in that it deals with the usefulness of an ocular ultrasound in emergency center for eye injuries. However, in my opinion, this manuscript should be revised in some aspect. 1. Please add the details about the Point-of-Care Ultrasound(POCUS). Ophthalmologists also use an ocular ultrasound called B-scan. Is this POCUS different with B-scan? 2. In second case, I think the exact diagnosis is a traumatic optic neuropathy. In Acute phase of the traumatic optic neuropathy, the optic nerve usually appears normal. So, we diagnosis the traumatic optic neuropathy with a complete ophthalmic history, visual acuity test, pupil test, color vision test, and visual field test. I understand the author’s intention to show the accuracy of the POCUS even if it is a negative finding. However, in my opinion, to add the cases with positive findings, not with negative findings, is more useful in this article. 3. Is it really possible to check the pupil reaction with an ultrasound? With B-scan, we cannot check the pupil reaction. Please describe in detail about that. 4. It has some grammatically incorrect expressions or spelling errors. Please revise these expressions. For example, Page 4, Case 1, last line : vitro-retinal → vitreo-retinal ?Page 7, 1st



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line : our present two cases → Two cases that we had presented



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases
ESPS manuscript NO: 24782
Title: Surgeon-performed point-of-care ultrasound in severe eye trauma: Report of two cases
Reviewer's code: 00505045
Reviewer's country: Turkey
Science editor: Shui Qiu
Date sent for review: 2016-02-09 18:42
Date reviewed: 2016-05-07 23:16

Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, SCIENTIFIC MISCONDUCT, CONCLUSION. It contains checkboxes for various evaluation criteria like 'Grade A: Excellent', 'Priority publishing', 'Google Search', etc.

COMMENTS TO AUTHORS

The authors evaluated the effectiveness of USG in two patients with eye trauma, one with penetrating eye injury and other with blunt trauma. I would make following comments: 1. How and why the author performed the USG in sterile conditions at the point of the care? 2. It is more suitable to state 'retrobulbar space instead of the back of the eye' 3. The term penetrating eye injury may be misunderstood by the readers because the term of penetrating eye injury means full thickness laceration of the eye globe. If there is no full thickness laceration in globe wall, then the term of penetrating eye injury is incorrect. 4. I think that second case is inconclusive to test effectiveness or helpful of POCUS. Because the patient was evaluated by CT scan two times within 48 hours and at the third day another CT scan was performed. In normal condition an orbital CT or MRI can show retrobulbar space (orbit) and ON very well. In that period ON and orbit could be evaluated by orbital MRI and BT. 5. The authors say that second patient had vision loss. The measurement of Visual acuity should have been done at that time. 6. I think that an ophthalmologist should be consulted for ophthalmic evaluation when these patients were seen in emergency department 7. If an



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ophthalmologist is not existing or could not be reached, then these patients can be evaluated by the physicians of emergency medicine. 8. As the authors said, orbital CT and MRI (if no suspect of metallic foreign body in the eye) is good imaging methods in such situations. The scenario of the article can be changed a little to defend the benefit of the POCUS. The POCUS can be helpful in such condition as a secondary or additional imaging method or in the lack of other imaging methods. 9. If there is a suspect of open eye injury then globe and orbital USG must be done very carefully if needed, otherwise should be avoided, because intraocular content may exit if pressure applied to the globe. 10. Lastly, please make a scenario for this article that can not be contrary to ophthalmic emergency principles.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 24782

Title: Surgeon-performed point-of-care ultrasound in severe eye trauma: Report of two cases

Reviewer's code: 00505061

Reviewer's country: Bulgaria

Science editor: Shui Qiu

Date sent for review: 2016-02-09 18:42

Date reviewed: 2016-05-11 01:01

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
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<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Dear authors, The presented manuscript is interesting and shares your experience with the Point-Of-Care-Ultrasound POCUS ultrasound in the Emergency Care Unit in two patients with severe eye trauma. I have the following comments and suggestions: 1) Please, give some more details about the method POCUS, i.e. what is the difference and advantage over the contemporary ophthalmic B-scan ultrasound. 2) Please, add the visual acuity testing of both patients, it would be more applicable and precise than just mentioning "blurred vision" or "loss of vision". 3) Is it really possible to examine pupil reactions with POCUS? Please, add literature review to state this, because it is not shown by your two cases. 4) There are some grammar and expression errors: emergency setting rather than "acute setting" (p. 4), vitreo-retinal rather than "vitro-retinal" (p. 4). Please, check spelling. 5) Abbreviations, appearing for the first time in the text should be given in full, even if the term is widely used – GCS and ICU on p. 5. You have written POCus instead of POCUS on p.4. As this manuscript is case presentation, you need not to give a big number of cases, but as general I would add that you may continue further research and give more illustrative cases, underlining all



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POCUS advantages over the routine techniques.