



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 23387

Title: Postoperative delirium as the only initial presenting symptom of urosepsis in a patient who underwent nephrolithotomy: High index of suspicion and aggressive management can save lives

Reviewer's code: 01436637

Reviewer's country: United States

Science editor: Fang-Fang Ji

Date sent for review: 2015-11-16 15:39

Date reviewed: 2015-12-13 23:23

Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, SCIENTIFIC MISCONDUCT, CONCLUSION. It contains checkboxes for various quality and misconduct criteria.

COMMENTS TO AUTHORS

Nag et al reported a case report, in which a 70 years old male developed delirium 50 minutes after percutaneous nephrolithotomy for renal calculi. The patient was assumed to have POD and treated with midazolam. However, in next 45 minutes the patient's consciousness level started deteriorating and eventually developed shock and was intubated and admitted to CCU. The patient was diagnosed with septic shock and managed in CCU. The patient was discharged home on day 7 and followed up in the urology clinic and remained asymptomatic. The authors thought that post-operative delirium developed in this patient is the initial presentation of sepsis although with other clinical parameters remaining normal at the initial stage. They concluded that delirium could be the only initial manifestation of sepsis and SAD can initially manifest only as delirium without any signs and symptoms of sepsis. As Adam et al stated that systemic infection is often revealed by or associated with brain dysfunction, which is characterized by alteration of consciousness, ranging from delirium to coma, seizure or focal neurological signs. Its pathophysiology involves as ischemic



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process, secondary to impairment of cerebral perfusion and its determinants and a neuroinflammatory process that includes endothelial activation, alteration of the blood-brain barrier and passage of neurotoxic mediators. (Adam N; Kandelman S; Mantz J; Chretien F; Sharshar T. Sepsis-induced brain dysfunction. [Review] Expert Rev Anti Infect Ther. 11(2):211-21, 2013 Feb). There is no convincing evidence to conclude that the delirium in this patient was the only initial manifestation of sepsis. Both the initial POD and the later SAD could all be presented as the patient emerged from anesthesia and later urosepsis developed.

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Title: Postoperative delirium as the only initial presenting symptom of urosepsis in a patient who underwent nephrolithotomy: High index of suspicion and aggressive management can save lives

Reviewer's code: 02445242

Reviewer's country: India

Science editor: Fang-Fang Ji

Date sent for review: 2015-11-16 15:39

Date reviewed: 2016-01-06 01:08

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 type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> 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		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Since the authors ostensibly want to report a patient with post-operative delirium, the manuscript will be better served by paying more attention to the presentation of delirium in this patient, and in general. All details regarding his physical problems should be kept to a bare minimum, since they are somewhat superfluous as far as the presentation of his behavioural problems are concerned. The following issues regarding the presentation of acute behavioural disturbances in this gentleman need to be addressed. 1. The details about delirium are rather sketchy. 2. As reported, "restlessness, agitation, irritability and combative behaviour" are not the central diagnostic criteria, and are therefore not sufficient to make a confident diagnosis of delirium. I would advise the authors to consult a standard text to properly enumerate the diagnostic criteria for delirium. 3. In medical settings, the diagnosis can be made with high reliability by applying very simple, yet precise scales such as the CAM, or its ICU version, the CAM-ICU. This should be stated somewhere in the manuscript, because without the use of such standard scales physicians or surgeons are often likely



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to miss delirium. 4. The authors are right in stating that post-operative delirium is usually an “interval delirium”; i.e. it generally occurs after a lucid interval (of 24-72 hours) following surgery. The fact that this patient developed behavioural problems so early after surgery casts further doubts on the diagnosis. Unfortunately, the authors do not mention whether he had attentional impairment, altered sensorium and cognitive-perceptual disturbances, which are required to make a proper diagnosis of delirium. 5. To me it appears that this gentleman developed the beginnings of a delirious episode, but both because he was sedated very early, and then went into coma, the episode probably did not get a chance to manifest fully. 6. One of the reasons that delirium is so common in the elderly is that people in this age group frequently have comorbid medical conditions (e.g. hypertension or diabetes), which leads to cerebrovascular compromise. Even a relatively minor brain insult can then set off a delirium. Thus, the past medical history of the patient should be stated. 7. Finally, the authors rightly state that small doses of antipsychotics such as haloperidol are the drugs of choice for treating delirium, and that benzodiazepines are usually avoided except in patients with alcohol withdrawal delirium. This is the standard treatment for delirium due to any cause, and not just post-operative delirium. Despite this the authors chose to use midazolam. Though this is commonly done in ICU settings, this does not gel well with the ‘core tips’ stated by the authors.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 23387

Title: Postoperative delirium as the only initial presenting symptom of urosepsis in a patient who underwent nephrolithotomy: High index of suspicion and aggressive management can save lives

Reviewer's code: 00505635

Reviewer's country: Greece

Science editor: Fang-Fang Ji

Date sent for review: 2015-11-16 15:39

Date reviewed: 2016-01-10 18:18

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [Y] Accept
<input type="checkbox"/> [Y] Grade B: Very good	<input type="checkbox"/> [Y] Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> 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		[Y] No	<input type="checkbox"/> [] Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is a rare and very interesting case report.



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Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 23387

Title: Postoperative delirium as the only initial presenting symptom of urosepsis in a patient who underwent nephrolithotomy: High index of suspicion and aggressive management can save lives

Reviewer's code: 00506103

Reviewer's country: Italy

Science editor: Fang-Fang Ji

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Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, SCIENTIFIC MISCONDUCT, CONCLUSION. It contains checkboxes for various quality and misconduct criteria.

COMMENTS TO AUTHORS

I read with interest the manuscript entitled "Postoperative delirium as the only initial presenting symptom of Urosepsis: High index of suspicion and aggressive management can save lives" wherein the authors report a case of delirium arising 50 minutes after recovery from anesthesia and followed 45 minutes later from clinical manifestation of septic shock in a 70 years old man underwent percutaneous nephrolithotomy. The authors suspected that delirium was the initial presentation of urosepsis and not a postoperative delirium. The manuscript is well written, however, the authors should explain the mechanism involved in the development of delirium when they affirm that it is the initial presentation of urosepsis particularly in this case characterized from normal hemodynamic, laboratory and ABG parameters.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 23387

Title: Postoperative delirium as the only initial presenting symptom of urosepsis in a patient who underwent nephrolithotomy: High index of suspicion and aggressive management can save lives

Reviewer's code: 00506093

Reviewer's country: Italy

Science editor: Fang-Fang Ji

Date sent for review: 2015-11-16 15:39

Date reviewed: 2016-01-18 16:01

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [Y] Accept
<input type="checkbox"/> [Y] Grade B: Very good	<input type="checkbox"/> [Y] Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> 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		[Y] No	<input type="checkbox"/> [] Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

I think it is a good work, but still needs some corrections before publication.