



## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 56775

**Title:** Portal gas in neonates; is it always surgical? A case report and review of the literature.

**Reviewer's code:** 05303881

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** United States

**Author's Country/Territory:** Saudi Arabia

**Manuscript submission date:** 2020-05-14

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-05-14 18:34

**Reviewer performed review:** 2020-05-18 20:57

**Review time:** 4 Days and 2 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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#### **SPECIFIC COMMENTS TO AUTHORS**

What was the Post menstrual age and chronological age of neonate when authors/clinician found portal venous gas? Please mention in manuscript. Author mentions that there were no clinical and radiological signs of NEC. It may be prudent to mention what was assessed and considered signs of NEC by author. For example, authors may mention that patient was tolerating feeds, no belly distention, there was no evidence of acidosis/lactic acidosis and baby clinically appeared well. any laboratory studies that were obtained may be worth mentioning. Xrays did not show pneumatosis intestinalis, Bowel loops were not dilated. If those lab/findings were thought to be due to different reasons discuss them. Include full xray of chest and abdomen before and after Portal gas was detected. Since UVC is not in ideal position on xray, authors should mention, why it was not removed. Also, xray has additional incidental finding of ET tube in right main stem bronchus causing left sided atelectasis of lung which should be mentioned. The UVC and ET tube should be identified with different arrows and figures should be annotated properly. Please also modify the conclusion to include malposition UVC in sentence. "Hepatic portal venous gas in infants without signs of NEC could result from malposition of Umbilical venous catheter, and in that case should be managed medically, with no need for surgical intervention"



### PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 56775

**Title:** Portal gas in neonates; is it always surgical? A case report and review of the literature.

**Reviewer's code:** 05038685

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Associate Professor, Surgeon

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Saudi Arabia

**Manuscript submission date:** 2020-05-14

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-05-18 06:40

**Reviewer performed review:** 2020-05-19 05:46

**Review time:** 23 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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#### **SPECIFIC COMMENTS TO AUTHORS**

Air in the portal venous system usually represents a sign of necrotizing enterocolitis (NEC). The author reported a rare case of a preterm baby with air in the portal venous system due to malpositioning of an umbilical catheter. This reminds us that not all portal vein gas is caused by NEC. We need to identify it carefully. There are some suggestions for revising: 1. The case report is too simple and needs to be supplemented with more details. 2. The author reported that the air in the portal venous system disappeared in the subsequent abdominal radiograph, is there any radiograph image? If yes, the author need to add it to the manuscript.