



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Cardiology

**Manuscript NO:** 50340

**Title:** Left recurrent laryngeal nerve palsy following aortic arch stenting: A case report

**Reviewer's code:** 00227375

**Position:** Editorial Board

**Academic degree:** MD,PhD

**Professional title:** Doctor

**Reviewer's country:** Japan

**Author's country:** Germany

**Reviewer chose by:** Ying Dou

**Reviewer accepted review:** 2019-07-23 10:23

**Reviewer performed review:** 2019-07-24 01:12

**Review time:** 14 Hours

| SCIENTIFIC QUALITY                                     | LANGUAGE QUALITY   | CONCLUSION                                 | PEER-REVIEWER STATEMENTS                      |
|--|--|--|---|
| <input type="checkbox"/> Grade A: Excellent            | <input checked="" type="checkbox"/> Grade A: Priority publishing | <input type="checkbox"/> Accept            | Peer-Review:                                  |
| <input checked="" type="checkbox"/> Grade B: Very good | <input type="checkbox"/> Grade B: Minor language                 | (High priority)                            | <input checked="" type="checkbox"/> Anonymous |
| <input type="checkbox"/> Grade C: Good                 | polishing  | <input checked="" type="checkbox"/> Accept | <input type="checkbox"/> Onymous              |
| <input type="checkbox"/> Grade D: Fair                 | <input type="checkbox"/> Grade C: A great deal of                | (General priority)                         | Peer-reviewer's expertise on the              |
| <input type="checkbox"/> Grade E: Do not               | language polishing   | <input type="checkbox"/> Minor revision    | topic of the manuscript:                      |
| publish  | <input type="checkbox"/> Grade D: Rejection                      | <input type="checkbox"/> Major revision    | <input type="checkbox"/> Advanced             |
|  |  | <input type="checkbox"/> Rejection         | <input checked="" type="checkbox"/> General   |
|  |  |  | <input type="checkbox"/> No expertise         |
|  |  |  | Conflicts-of-Interest:                        |
|  |  |  | <input type="checkbox"/> Yes                  |
|  |  |  | <input checked="" type="checkbox"/> No        |

**SPECIFIC COMMENTS TO AUTHORS**

This is a rare case report about the left recurrent laryngeal nerve palsy after aortic arch



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stenting. This manuscript is nicely structured and well written. I have no question about this manuscript.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

- The same title
- Duplicate publication
- Plagiarism
- No

##### ***BPG Search:***

- The same title
- Duplicate publication
- Plagiarism
- No



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Cardiology

**Manuscript NO:** 50340

**Title:** Left recurrent laryngeal nerve palsy following aortic arch stenting: A case report

**Reviewer's code:** 02565578

**Position:** Editorial Board

**Academic degree:** MD,PhD

**Professional title:** Assistant Professor

**Reviewer's country:** Italy

**Author's country:** Germany

**Reviewer chose by:** Ying Dou

**Reviewer accepted review:** 2019-07-23 06:00

**Reviewer performed review:** 2019-07-25 07:21

**Review time:** 2 Days and 1 Hour

| SCIENTIFIC QUALITY                                     | LANGUAGE QUALITY   | CONCLUSION                                 | PEER-REVIEWER STATEMENTS                      |
|--|--|--|---|
| <input type="checkbox"/> Grade A: Excellent            | <input checked="" type="checkbox"/> Grade A: Priority publishing | <input type="checkbox"/> Accept            | Peer-Review:                                  |
| <input checked="" type="checkbox"/> Grade B: Very good | <input type="checkbox"/> Grade B: Minor language                 | (High priority)                            | <input checked="" type="checkbox"/> Anonymous |
| <input type="checkbox"/> Grade C: Good                 | polishing  | <input checked="" type="checkbox"/> Accept | <input type="checkbox"/> Onymous              |
| <input type="checkbox"/> Grade D: Fair                 | <input type="checkbox"/> Grade C: A great deal of                | (General priority)                         | Peer-reviewer's expertise on the              |
| <input type="checkbox"/> Grade E: Do not               | language polishing   | <input type="checkbox"/> Minor revision    | topic of the manuscript:                      |
| publish  | <input type="checkbox"/> Grade D: Rejection                      | <input type="checkbox"/> Major revision    | <input type="checkbox"/> Advanced             |
|  |  | <input type="checkbox"/> Rejection         | <input checked="" type="checkbox"/> General   |
|  |  |  | <input type="checkbox"/> No expertise         |
|  |  |  | Conflicts-of-Interest:                        |
|  |  |  | <input type="checkbox"/> Yes                  |
|  |  |  | <input checked="" type="checkbox"/> No        |

**SPECIFIC COMMENTS TO AUTHORS**

Cardiologists are familiar with the Ortner syndrome, which consists in the vocal cord



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paralysis resulting from the compression of the left recurrent laryngeal nerve by abnormal mediastinal vascular structures, most commonly aortic aneurysm. It is reported extensively in literature. Cardiac surgeons are well aware of the possible complication of the aneurysm or coarctation open repair. And even if "the nerve is generally easily visualized, as is the vagus nerve from which it branches, and injury to both nerves should be assiduously avoided" (Jaquiss RDB. Operative Techniques in Thoracic and Cardiovascular Surgery, 2002;7:2-10), there are numerous case reports describing left recurrent laryngeal nerve injury following these interventions. The present case involves a damage to the same nerve in the same location, but as a complication of a different kind of procedure. Indeed, in the discussion of their case, the Authors focused on the catheterization and stenting, avoiding lengthy and unnecessary references to other procedures and resulting complications. The increased risk of vocal cord paralysis in stenting was previously suggested by Ohta et al. (J Vasc Surg.2007;45:866) who concluded that "even the latest surgical techniques in aortic arch surgery [i.e., stent graft placement or balloon angioplasty] have not eliminated the high risk of surgical vocal cord paralysis." In particular, the ADDITIONAL balloon angioplasty for a stenosed aortic graft were independent risk factors for this complication. These retrospective observations share some similarities with the present case and could be mentioned by the authors. Overall, the case is well presented, the report is very informative and merits publication.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

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[ Y ] No

***BPG Search:***

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[ ] Plagiarism

[ Y ] No



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Cardiology

**Manuscript NO:** 50340

**Title:** Left recurrent laryngeal nerve palsy following aortic arch stenting: A case report

**Reviewer's code:** 03722832

**Position:** Editorial Board

**Academic degree:** DNB,MD

**Professional title:** Associate Professor

**Reviewer's country:** India

**Author's country:** Germany

**Reviewer chose by:** Ying Dou

**Reviewer accepted review:** 2019-07-25 00:48

**Reviewer performed review:** 2019-07-26 01:21

**Review time:** 1 Day

| SCIENTIFIC QUALITY                                | LANGUAGE QUALITY   | CONCLUSION   | PEER-REVIEWER STATEMENTS                     |
|---|--|--|--|
| <input type="checkbox"/> Grade A: Excellent       | <input type="checkbox"/> Grade A: Priority publishing        | <input type="checkbox"/> Accept                    | Peer-Review:                                 |
| <input type="checkbox"/> Grade B: Very good       | <input type="checkbox"/> Grade B: Minor language             | (High priority)                                    | <input type="checkbox"/> Anonymous           |
| <input type="checkbox"/> Grade C: Good            | polishing  | <input type="checkbox"/> Accept                    | <input type="checkbox"/> Onymous             |
| <input checked="" type="checkbox"/> Grade D: Fair | <input checked="" type="checkbox"/> Grade C: A great deal of | (General priority)                                 | Peer-reviewer's expertise on the             |
| <input type="checkbox"/> Grade E: Do not          | language polishing   | <input type="checkbox"/> Minor revision            | topic of the manuscript:                     |
| publish   | <input type="checkbox"/> Grade D: Rejection                  | <input checked="" type="checkbox"/> Major revision | <input checked="" type="checkbox"/> Advanced |
|   |  | <input type="checkbox"/> Rejection                 | <input type="checkbox"/> General             |
|   |  |  | <input type="checkbox"/> No expertise        |
|   |  |  | Conflicts-of-Interest:                       |
|   |  |  | <input type="checkbox"/> Yes                 |
|   |  |  | <input checked="" type="checkbox"/> No       |

**SPECIFIC COMMENTS TO AUTHORS**

It is an interesting case report but revision is must the following clarification



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1.Language editing 2.Provide the angles of projection for each angiographic image  
3.2nd balloon and 2nd stent not visible 4.Why did author selected such relatively short  
diameter and short length stent which migrated distally ? 5.Provide clear image to left  
common carotid and left subclavian artery 6.Provide the CT and MRI before and after  
procedure to justify your claim 7.Did author do video recording of LLNP ,please  
provide

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

- The same title
- Duplicate publication
- Plagiarism
- No

##### ***BPG Search:***

- The same title
- Duplicate publication
- Plagiarism
- No