PEER-REVIEW REPORT

Name of journal: *World Journal of Cardiology*

Manuscript NO: 66844

Title: PLEDGET-ASSISTED HEMOSTASIS TO FIX RESIDUAL ACCESS-SITE BLEEDINGS AFTER DOUBLE PRE-CLOSURE TECHNIQUE

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06154236

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Professor, Senior Researcher

Reviewer's Country/Territory: Russia

Author's Country/Territory: Italy

Manuscript submission date: 2021-10-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-18 05:40

Reviewer performed review: 2021-10-31 11:51

Review time: 13 Days and 6 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Perclose ProGlide XL or Prostar devices as presented in the article have been widely and successfully used for percutaneous vessel closure after TAVR procedures. Newer devices such as MANTA or PerQSeal are also available these days to seal large bore punctures. The idea of using patches/implants/pledgets for percutaneous vessel closure is implemented in PerQSeal devices, which use a fully absorbable synthetic implant for vessel punctures using large sheaths up to 24Fr. The new PerQSeal+ devices are also anticipated. The authors' technique of pletget assisted hemostasis has provided good results while performing hemostasis in bleeding patients after failure of double preclosure technique with double ProGlide suture. The authors aimed at avoiding manual compression or conversion to open procedures due to a difficult hemostasis, and have clearly described their technique. However, several limitations and questions arise. The authors mainly focused on describing the technique while paying little attention to statistical analysis of the data. 1). Did the authors of the article perform a multivariate analysis of the possible risk factors associated with difficult percutaneous hemostasis (characteristics presented in table 1, iliac/femoral artery calcium score, femoral artery diameter, timing of the procedure, APTT?)?   2). If so, there might be a cohort of patients initially requiring a different kind of hemostasis rather than using a ProGlide device, when even a double preclosure technique may fail. This may help avoid excess bleeding or the need for blood transfusion. 3). Did the authors evaluate the rate of stenotic lesions or thrombotic events in the target arteries following the pledget-assisted percutaneous hemostasis after the patients were dismissed from the hospital? Did those patients require additional managements such doppler sonography

following the procedure, the use of antibiotics?

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Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05410414

Position: Peer Reviewer

Academic degree: MD

Professional title: Academic Research, Staff Physician

Reviewer's Country/Territory: United States

Author's Country/Territory: Italy

Manuscript submission date: 2021-10-17

Reviewer chosen by: Xin Liu (Online Science Editor)

Reviewer accepted review: 2021-12-28 07:31

Reviewer performed review: 2022-01-02 20:25

Review time: 5 Days and 12 Hours

Scientific quality	[ ] Grade A: Excellent　[Y] Grade B: Very good　[ ] Grade C: Good [ ] Grade D: Fair　[ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing　[Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing　[ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority)　[Y] Accept (General priority) [ ] Minor revision　[ ] Major revision　[ ] Rejection
Re-review	[Y] Yes　[ ] No

| Peer-reviewer statements | Peer-Review: [Y] Anonymous   [   ] Onymous |
| | Conflicts-of-Interest: [   ] Yes   [Y] No |

SPECIFIC COMMENTS TO AUTHORS

Good article

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Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00058345

Position: Editorial Board

Academic degree: DNB, MBBS, MD

Professional title: Chief Doctor

Reviewer's Country/Territory: India

Author's Country/Territory: Italy

Manuscript submission date: 2021-10-17

Reviewer chosen by: Xin Liu (Online Science Editor)

Reviewer accepted review: 2021-12-30 05:44

Reviewer performed review: 2022-01-08 05:12

Review time: 8 Days and 23 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No

Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

An interesting read regarding an innovative tech for managing access site closure failure.