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315-321 Lockhart Road,
Wan Chai, Hong Kong, China

ESPS Peer-review Report

Name of Journal: World Journal of Anesthesiology

ESPS Manuscript NO: 4097

Title: Predictive Value of Extravascular Lung Water Indexed to Predicted Body Weight and Actual Body Weight on In-hospital Survival Rate of Severe Sepsis Patients in A Medical Intensive Care Unit.

Reviewer code: 00502854

Science editor: Gou, Su-Xin

Date sent for review: 2013-06-14 16:24

Date reviewed: 2013-06-15 00:20

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The only weakness is the lack of novelty of this study, as well as the clinical lightweight which is the main finding, given the small difference between EVLip and Evlia. Anyway, I think the study reaches the level to be published



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Title: Predictive Value of Extravascular Lung Water Indexed to Predicted Body Weight and Actual Body Weight on In-hospital Survival Rate of Severe Sepsis Patients in A Medical Intensive Care Unit.

Reviewer code: 00070261

Science editor: Gou, Su-Xin

Date sent for review: 2013-06-14 16:24

Date reviewed: 2013-06-15 21:31

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<input checked="" 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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This study assesses the prognostic value of extravascular lung water (EVLW) in medical ICU patients with severe sepsis. The authors conclude that EVLW indexed to predicted body weight (EVLIp) is a better predictor of survival than other indices. My main concern is relatively small difference between AUCs of the variables, especially those of EVLIp and EVLIa. I think the significance of the difference between EVLIp and other variables should be estimated with a statistical test.

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ESPS Manuscript NO: 4097

Title: Predictive Value of Extravascular Lung Water Indexed to Predicted Body Weight and Actual Body Weight on In-hospital Survival Rate of Severe Sepsis Patients in A Medical Intensive Care Unit.

Reviewer code: 00055095

Science editor: Gou, Su-Xin

Date sent for review: 2013-06-14 16:24

Date reviewed: 2013-06-27 18:52

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

Review of the ms ESPS 4097. In this paper the authors report on the predictive value of extravascular lung water indexed to predicted body weight. The study was designed to compare the predicting value of extravascular lung water indexed to predicted body weight and actual body weight. The results are interesting and the possible clinical relevance of such investigations would merit publication, but there are several points of criticism which should be considered by the authors. 1. The authors should clarify/define “continuous cardiac output (CO) calibration” in case of EVLW measurement. Does it mean that repeated calibrations were performed with thermodilution, or the registration of pulse contour-derived cardiac output? 2. Also the description of the method in this paragraph is very confusing. “Following three consecutive central venous injections of 10 ml iced 0.9% saline solution” means that the average was taken at each measurement or altogether three measurements were performed? Please clarify; or rather rewrite the description of the PiCCO methods to be more comprehensible. 3. The discussion is somewhat diffuse and may be rewritten. For instance, paragraph 2 was copied from the introduction. The authors should not repeat their thoughts here, rather focus on the explanation of their results and provide further information that has not been mentioned already. 4. The manuscript has typos and grammatical errors that make it difficult to read. The authors should double check spelling, or at least, please use the spell check function of the word processor (e.g.: paragraph 2 on page 4: “Dr. Meyer and Hall though that” - in this case “though” should be “thought”, in the next two rows “in accurate” and “incase”, etc, etc). Besides, please choose if you want to use the unit or its abbreviation (hours or hr, on page 10). Also, units and values should not be written together.



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ESPS Manuscript NO: 4097

Title: Predictive Value of Extravascular Lung Water Indexed to Predicted Body Weight and Actual Body Weight on In-hospital Survival Rate of Severe Sepsis Patients in A Medical Intensive Care Unit.

Reviewer code: 00502830

Science editor: Gou, Su-Xin

Date sent for review: 2013-06-14 16:24

Date reviewed: 2013-06-28 19:21

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This manuscript has shown that extravascular lung water indexed to predicted body weight (EVLIp) was a better predictor than that indexed to actual body weight (EVLiA) on outcome in patients with severe sepsis. However, there is no new finding in this manuscript. Because, previous study has shown the same finding (Crit Care Med 2008;36:69-73). 1.What is your new finding? 2.Discussion is too short. Please compare the research of Mallat J et al. (J Crit care 2012;27:376-83) with your research.



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ESPS Manuscript NO: 4097

Title: Predictive Value of Extravascular Lung Water Indexed to Predicted Body Weight and Actual Body Weight on In-hospital Survival Rate of Severe Sepsis Patients in A Medical Intensive Care Unit.

Reviewer code: 00502802

Science editor: Gou, Su-Xin

Date sent for review: 2013-06-14 16:24

Date reviewed: 2013-06-29 02:03

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

I read with great interest the present manuscript in which the authors have tried to assess the prognostic value of extravascular lung water (EVLW) in medical ICU patients with severe sepsis. Even though the manuscript have several merits, there are also several shortcomings requiring modifications. 1. There are several grammatical and typographical errors. I would strongly suggest the authors to go thru the manuscript again to rectify these mistakes. 2. The data is very old (2005-06) and may be outdated in today's context with recent change in guidelines in patient management and other technological advances. 3. Why were patients with "Altered coagulation profile" were excluded? How was it determined which patients to be excluded? Coagulation abnormalities are very common in sepsis pts and excluding such pts may have caused selection bias. 4. Kindly specify the criteria used to "classify pt with severe sepsis" 5. Results: There is relatively small difference between the various variables tested and this gets compounded by the fact that the cut-off for p value was used as 0.1 rather than 0.05. 6. Discussion is very short. Maybe comparison with other similar studies like Crit Care Med 2008;36:69-73 and J Crit care 2012;27:376-83 will add more substance to it.