

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 21649

**Title:** Analysis of the therapeutic evolution in the management of airway infantile hemangioma

**Reviewer's code:** 00646336

**Reviewer's country:** Italy

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2015-07-27 10:13

**Date reviewed:** 2015-07-27 20:48

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

The paper is correctly presented . The study is retrospective but numbers are little in this area. Widely shareable and stated the use of propranolol in this pathology. The "class A and B" are not similar ( grup I 27% in class A and 74% in B and so on ) . There is a difference in percentage that has to be well claryfied and discussed . This underline the limitation of a retrospective study. Bibliography has to be updated with more recent papers

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**Title:** Analysis of the therapeutic evolution in the management of airway infantile hemangioma

**Reviewer's code:** 00646241

**Reviewer's country:** Germany

**Science editor:** Fang-Fang Ji

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" 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

In the paper, "Analysis of the therapeutic evolution in the management of airway infantile hemangioma", the authors Vivas-Colmenares et al. present a nice and conclusive overview on the clinical presentation and the treatment of airway infant hemangiomas, highlighting the revolutionary advance achieved by the introduction of propranolol in hemangioma treatment. The paper is well written, with good language, its content is conclusive and it is very important to distribute the beneficial experiences with propranolol, thus the paper should be published. However there are some minor points that should be improved. By comparing the pre-propranolol cohort with the recent patient group it becomes clearly visible that this new approach is very helpful, sparing a lot of problems for the small patients and helping a lot to achieve rapid cure. However, the two cohorts were of course not randomized, thus it has to be asked which reasons beside propranolol might have contributed to the better outcome of group B. First of all, group A contained much more patients with advanced disease. This should be mentioned clearly in the discussion; the reason for this – like, e.g. earlier MR imaging or endoscopic diagnosis in stridor, should be given. On p.9, the



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authors write: One patient died secondary to a hypertrophic cardiomyopathy, not related to treatment with propranolol - which other mechanism caused cardiomyopathy in this patient? on p.10, the authors write: in surgical patients of 54.5 % (patients treated with single and combined therapy), we believe this therapeutic option is too invasive in the propranolol era. Should it not be discussed whether this depends on the patient's clinical condition? In emergency cases, surgery may still be required, in concert with propranolol, in order to control an early emergency. These points should be improved, otherwise the work is very nice and helpful and should be published.

## ESPS PEER-REVIEW REPORT

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

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**Title:** Analysis of the therapeutic evolution in the management of airway infantile hemangioma

**Reviewer's code:** 00503442

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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 checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
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		<input type="checkbox"/> Plagiarism	
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## COMMENTS TO AUTHORS

I read with great interest the manuscript entitled "Analysis of the therapeutic evolution in the management of airway infantile hemangioma" by Vivas-Colmenares et al. The manuscript is interesting and well conducted. The main drawback remains the low number of patients included in the study. However, this not limits the scientific value of the obtained findings. Some orthographical and grammatical errors have been found throughout the manuscript. I suggest the introduction of an adjunctive Table reporting the baseline characteristics of the enrolled subjects. Additionally the patients age should be expressed in months as non-fractional number; the range is more comprehensible whether reports the measure unit, i.e. months.