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PEER-REVIEW REPORT

Name of journal: *World Journal of Critical Care Medicine*

Manuscript NO: 88540

Title: The predictive value of thrombocytopenia for bloodstream infection in patients with sepsis and septic shock

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06187298

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Professor, Chief Physician, Doctor

Reviewer's Country/Territory: Romania

Author's Country/Territory: China

Manuscript submission date: 2023-10-01

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-10-01 12:16

Reviewer performed review: 2023-10-11 20:59

Review time: 10 Days and 8 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



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Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

REVIEW OF MANUSCRIPT ID: 88540 Congratulations for this interesting paper that addresses an ever pressing issue of sepsis and septic shock. This topic is and always be in the focus of ICU doctors but other clinicians as well. This is my report regarding the submitted paper. General observation - the paper states that the drop in PLT count 1. Title. The title does not reflect properly the content of the manuscript. It states that the PLT drop might be of a predictive value for early sepsis or septic shock detection, however all that the paper manages to demonstrate is that the PLT drop is higher in patients with culture-positive septic shock/sepsis than in patients with negative blood cultures sepsis/septic shock. The predictive value of PLT is not proven by the presented method and material nor by the study's methodology. Moreover, sepsis does not equal septic shock, as by the latest definitions, so the title needs refinement to clearly identify what type of patients thrombocytopenia refers to as a predictive factor – see the comments regarding the methods section. Moreso, in INTRODUCTION the authors refer to the PLT drop as a predictive factor for early identification of BSI, which, again, does not always equal to sepsis/septic shock. 2. Abstract. It reflects very well all aspects

of the manuscript and follows the natural flow of a structured abstract. 3. Key Words. Well chosen. 4. Introduction. - LINE 4 / PAGE 2 – please replace the term “ vasculature” in regards to the vascular (circulatory) system and use the proper anatomical term. - So the paper refers to the ability of PLT drop to just predict BSI, not sepsis? Or septic shock? Since BSI does not equal sepsis which, in turn, does not equal septic shock, the authors are asked to clearly identify the aims of this study. 5. Material and methods. - please rename this section properly, as “material and methods” and assign the proper numbering; - please assign the proper numbering system for the subsections (design and statistical analysis); - please replace the descriptive paragraph with the parameters of the study with a table, for better readability; - please remove the “no human intervention” (LINE 7/PAGE 3) since it may denote that the study is an AI-operated analysis; rephrase so that this paragraph reads “no invasive procedure were made on patients”. - please move the DEFINITIONS section and make it a part of the INTRODUCTION - please remove the ethical committee reference from the end of the DESIGN paragraph, it is redundant and has already been mentioned above. - since the PLT evolution was recorded daily, since the admission of the patients in the ICU with an already established diagnosis of sepsis or septic shock, how the PLT values evolution be regarded as a predictive factor? - the authors do not mention the main etiology for the diagnosis of sepsis/septic shock in patients enrolled in the study. 6. Results. - please modify the title of this section accordingly. The paper has more than 1 result; - please clarify what do you mean by “renal replacement”? - LINE 7/PAGE 5 6. Discussion. - this section is well constructed, but in regards to PLT drop supporting early BSI detection, not as an early detection for sepsis. - the number of citations is adequate, but the timespan is not – most of the cited papers are outdated. 7. Conclusions. Support the title; no need for changing. 8. Illustrations and tables. Tables are properly redacted. The figures are good and clearly constructed. 9. Biostatistics. Please provide a certificate

issued by a biostatistics professional to certify the accuracy of the statistical analysis of the paper. 10. Units. All units are standard. 11. References. The list of 17 references is adequate, but the timespan is not. Most of the papers cited regarding sepsis and septic shock are outdated (more than 5 years). This is important since this topic knows a very dynamic and accelerated rate of development. 12. Quality of manuscript organization and presentation. Needs major changes to be fit for publication. 13. Backmatter section. Author contribution panel is missing. 14. Ethics statements. Authors state that they have obtained written permission to develop this study, yet such a document is missing. Conclusion: The paper needs a major review prior to being considered for publishing.