

ESPS PEER-REVIEW REPORT

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Title: Recruitment maneuvers in acute respiratory distress syndrome: The safe way is the best way

Reviewer's code: 00502743

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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
<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		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

As it is shown in this study, acute respiratory failure results from both medical and surgical emergencies at the UCI. According to the cited literature, its frequency varies between 30 to 50%, and indeed, it should be treated with invasive mechanical ventilation to improve lung aeration and ventilation. I agree with the authors that undoubtedly this stepwise recruitment maneuvers can Improve hemodynamic instability and inflammatory impact on lungs. However, as it is discussed in this paper, the mismatch of mechanical ventilation can seriously increase the pulmonary mechanical damage (barotrauma pneumothorax) and also it can activate mediators of the inflammatory response with local consequences (pneumonia - atelectasis); regional (cardiac arrhythmias) or systemic (a frequent cause of multi-organ failure in UCI). It would be interesting if the authors could include - in addition to the didactic and explanatory diagrams that are already included in this research - tables, graphs or summary tables to clarify and facilitate the visual integration of the randomized clinical data, the diversal safety types of recruitment maneuvers and the valuable information quoted in this work for better medical and infirmiry understanding .



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Despite the commendable scientific contribution on the subject matter, I'm afraid this paper has not been properly organized under any editorial scheme; I would suggest that it might be restructured using World Journal of Critical Medicine editing rules.