

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine

ESPS manuscript NO: 19609

Title: Therapeutic temperature modulation is associated with pulmonary complications in patients with severe traumatic brain injury

Reviewer's code: 00502743

Reviewer's country: Argentina

Science editor: Xue-Mei Gong

Date sent for review: 2015-05-14 17:47

Date reviewed: 2015-05-20 12:11

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

Your work refers to systemic cooling treatment mainly for severe traumatic brain injury. It focused on non-neurological complications that rise both morbidity and mortality rates after TBI. You proposed a rigorous evaluation through inclusion criteria as: -Glasgow < 9 -ICU > 24 hs. -non-penetrating TBI Instead of this, from the lecture of your work we can appreciate that some gunshot victims (6 cases of open wound brain trauma) have been included in your trial. Although I am coincident with you that pulmonary complications can be also related with mechanical ventilation with high PEEP levels, in your work it could not be found a clear frequency of pulmonary complications into the other possible problems derived from TTM (infectious- metabolic - haemodynamic - thromboembolic complications). A uniform criterion was not followed during treatment, as you showed different levels of interventions (aggressive temperature control vs. mild or "permissive" temperature management).I could not understand why you did not find statistical significance between normothermia and hypothermia groups. It cannot be clearly state the difference



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between the two methods into the intervention group. Benefits and physiological effects derived from hypothermia were properly presented; but although your work has been focused in systemic therapeutic temperature modulation, some bibliographic references could be done about sectorized (upper-body) and local (cranial) therapeutic cooling modalities, more commonly used in drooling and infantile TBI. These treatments could avoid the pulmonary complications that you stated in your work. Finally, a great difference can be appreciated between the intervention (15.9%) and the control group (31.4%). I think that a cost-benefit conclusion could be arised based upon this valuable data.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine

ESPS manuscript NO: 19609

Title: Therapeutic temperature modulation is associated with pulmonary complications in patients with severe traumatic brain injury

Reviewer's code: 00502869

Reviewer's country: United Kingdom

Science editor: Xue-Mei Gong

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Date reviewed: 2015-05-17 14:54

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 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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" 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

This retrospective review has issues with lack of definitions of the key outcome measures used.