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# PEER-REVIEW REPORT

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

**Manuscript NO:** 40878

**Title:** Expiratory flow-limitation in mechanically ventilated patients: A risk for ventilator-induced lung injury?

**Reviewer's code:** 04334222

**Reviewer's country:** Italy

**Science editor:** Ying Dou

**Date sent for review:** 2018-07-13

**Date reviewed:** 2018-07-17

**Review time:** 4 Days

| SCIENTIFIC QUALITY | LANGUAGE QUALITY | CONCLUSION | PEER-REVIEWER STATEMENTS |
|---|---|---|---|
| [ ] Grade A: Excellent<br>[Y] Grade B: Very good<br>[ ] Grade C: Good<br>[ ] Grade D: Fair<br>[ ] Grade E: Do not publish | [Y] Grade A: Priority publishing<br>[ ] Grade B: Minor language polishing<br>[ ] Grade C: A great deal of language polishing<br>[ ] Grade D: Rejection | [Y] Accept (High priority)<br>[ ] Accept (General priority)<br>[ ] Minor revision<br>[ ] Major revision<br>[ ] Rejection | Peer-Review:<br>[Y] Anonymous<br>[ ] Onymous<br>Peer-reviewer's expertise on the topic of the manuscript:<br>[Y] Advanced<br>[ ] General<br>[ ] No expertise<br>Conflicts-of-Interest:<br>[ ] Yes<br>[Y] No |

## SPECIFIC COMMENTS TO AUTHORS

This mechanism, however, besides being physically limited, leads to an increment in DH and intrinsic end-expiratory alveolar pressure, adding an increasing threshold load on the inspiratory muscles, which become functionally weaker, and eliciting dyspnoea. In

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advanced chronic obstructive pulmonary disease, bronchodilators and lung volume reduction surgery do not usually reverse expiratory flow limitation, but they appear to be useful because they often allow expiratory flow limitation to occur at a lower absolute lung volume, thus reducing dynamic pulmonary hyperinflation and limiting exertional dyspnoea.

**INITIAL REVIEW OF THE MANUSCRIPT**

***Google Search:***

[ ] The same title

[ ] Duplicate publication

[ ] Plagiarism

[ Y ] No

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# PEER-REVIEW REPORT

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

**Manuscript NO:** 40878

**Title:** Expiratory flow-limitation in mechanically ventilated patients: A risk for ventilator-induced lung injury?

**Reviewer's code:** 00502932

**Reviewer's country:** United States

**Science editor:** Ying Dou

**Date sent for review:** 2018-07-13

**Date reviewed:** 2018-07-21

**Review time:** 8 Days

| SCIENTIFIC QUALITY | LANGUAGE QUALITY | CONCLUSION | PEER-REVIEWER STATEMENTS |
|---|---|---|---|
| [ ] Grade A: Excellent<br>[Y] Grade B: Very good<br>[ ] Grade C: Good<br>[ ] Grade D: Fair<br>[ ] Grade E: Do not publish | [ ] Grade A: Priority publishing<br>[Y] Grade B: Minor language polishing<br>[ ] Grade C: A great deal of language polishing<br>[ ] Grade D: Rejection | [Y] Accept (High priority)<br>[ ] Accept (General priority)<br>[ ] Minor revision<br>[ ] Major revision<br>[ ] Rejection | Peer-Review:<br>[Y] Anonymous<br>[ ] Onymous<br>Peer-reviewer's expertise on the topic of the manuscript:<br>[ ] Advanced<br>[Y] General<br>[ ] No expertise<br>Conflicts-of-Interest:<br>[ ] Yes<br>[Y] No |

## SPECIFIC COMMENTS TO AUTHORS

Very good review of this important and overlooked aspect of mechanical ventilation. I believe the article would be greatly enhanced by inclusion of some illustrations, for example diagrams showing the techniques for detection of EFL via NEP, and ZEEP in

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the mechanically ventilated subject. Step-by-step instructions might also be useful.

**INITIAL REVIEW OF THE MANUSCRIPT**

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# PEER-REVIEW REPORT

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

**Manuscript NO:** 40878

**Title:** Expiratory flow-limitation in mechanically ventilated patients: A risk for ventilator-induced lung injury?

**Reviewer's code:** 03189996

**Reviewer's country:** United States

**Science editor:** Ying Dou

**Date sent for review:** 2018-07-13

**Date reviewed:** 2018-07-22

**Review time:** 8 Days

| SCIENTIFIC QUALITY | LANGUAGE QUALITY | CONCLUSION | PEER-REVIEWER STATEMENTS |
|---|---|---|---|
| [ Y] Grade A: Excellent<br>[ ] Grade B: Very good<br>[ ] Grade C: Good<br>[ ] Grade D: Fair<br>[ ] Grade E: Do not publish | [ Y] Grade A: Priority publishing<br>[ ] Grade B: Minor language polishing<br>[ ] Grade C: A great deal of language polishing<br>[ ] Grade D: Rejection | [ ] Accept (High priority)<br>[ Y] Accept (General priority)<br>[ ] Minor revision<br>[ ] Major revision<br>[ ] Rejection | Peer-Review:<br>[ Y] Anonymous<br>[ ] Onymous<br>Peer-reviewer's expertise on the topic of the manuscript:<br>[ Y] Advanced<br>[ ] General<br>[ ] No expertise<br>Conflicts-of-Interest:<br>[ ] Yes<br>[ Y] No |

## SPECIFIC COMMENTS TO AUTHORS

The manuscript (MS) by Drs. Koutsoukou and Pecchiari reviews the phenomenon of expiratory flow-limitation (EFL) in ventilated patients. Major part of the MS is devoted to the pathophysiology and assessment in ARDS patients which is expected. However,

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other diseases heralded by ventilatory impairment are briefly discussed, namely COPD, heart failure, along with the effects of positioning and anesthesia. The MS is well balanced and offers a solid overview to a somewhat educated reader. No straightforward clinical recommendations are made and thus the clinical message of the MS could be limited. It does not seem that this was the primary aim of the authors. An almost sole example of a "hidden" second-handed message is on page 8 – "A PEEP of 10 cmH2O abolished EFL… [ref 34]." Indeed, it seems that "PEEP 10" is the new "PEEP 5" as was previously deemed to represent a "physiologic PEEP". The only recommendation I may have is replacing the word "enhanced" with "compromised" on P7 end of first paragraph. While you certainly mean that FRC is reduced by anesthesia and in other scenarios, i.e. the reduction is enhanced, an inexperienced reader may wrongly assume that FRC is enhanced as this word (i.e. FRC) immediately precedes the verb.

**INITIAL REVIEW OF THE MANUSCRIPT**

***Google Search:***

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