

# ESPS Peer-review Report

**Name of Journal:** World Journal of Nephrology

**ESPS Manuscript NO:** 9978

**Title:** Innocuous-looking skin scab over an autogenous arteriovenous fistula - a case report and review of literature

**Reviewer code:** 00503272

**Science editor:** Ling-Ling Wen

**Date sent for review:** 2014-03-10 08:51

**Date reviewed:** 2014-03-20 01:30

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

Assessor's comments The authors described the management of a 78-year-old patient who presented with an innocuous-looking scab over the cannulation site of an AVF which turned out to be a thrombus on the outer wall of the vein. Abstract None Introduction 1. Authors: The statement in line 6 'has raised steadily as a result of the National Kidney Federation's Kidney Disease Outcome'. Reviewer: The word 'raised' should be changed to 'risen' and the name is not 'National Kidney Federation' but National Kidney Foundation' Case Report 2. Authors: Lines 4 and 6, 'excellent dialysis (pA: -71, pV: 73, flow: 360 mls/min, Kt/V: 1.4, pre-HD serum creatinine: 600  $\mu$ mol/l and post-HD serum creatinine: 142  $\mu$ mol/l). His haemoglobin was 12.2 gm/dl, white cell count of  $7.5 \times 10^6$  / mls and CRP of 25'. Reviewer: revise the word 'flow' to read 'blood flow'. What does the white cell count  $7.5 \times 10^6$ /mls mean? And what is the CRP unit? CRP should be written in full. Figures Authors: Legend to Figure 4: Thrombus removed from the vein which was filling the defect of vessel wall. Reviewer: Legend to Figure 4: This should be re-phrased as 'Thrombus removed from the defect in the vessel wall'. Table 1 This should be deleted because it adds no additional information. This information is already in the body of the case report. References These do not conform to the journal format. This entire must be carefully re-written. What is the meaning of the statement 'discussion 20-1' in reference number 6? Reference number 20 does not have the journal volume, issue number, first and the last page.

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**ESPS Manuscript NO:** 9978

**Title:** Innocuous-looking skin scab over an autogenous arteriovenous fistula - a case report and review of literature

**Reviewer code:** 02524004

**Science editor:** Ling-Ling Wen

**Date sent for review:** 2014-03-10 08:51

**Date reviewed:** 2014-03-25 23:38

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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 type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input 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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

Interesting subject matter. I'm not sure how often an innocuous skin scab will be a precursor of bigger problem. Also, what does the authors mean by an innocuous skin scab? Any thing that looks suspicious. This needs definition, which I think will be difficult. In my experience, this is not often encountered, so I doubt the usefulness of an algorithm for management. Indeed, I think clinical examination is the most important aspect. I'm not sure that it will be cost effective to ultrasound every patient with a skin scab. When I encounter thrombus within a pseudoaneurysm in my practice, I do not encounter a tear because there is already a pseudoaneurysm sac. I can often puncture a pseudoaneurysm with impunity and bleeding is often not an issue. In fact, I find that venous rupture from a tight stenosis more difficult to treat compared to a pseudoaneurysm. In your case, a small thrombus of 2.7 cm in length, and subcentimetre in width, is actually a very low thrombus load. When I do thrombolysis of a AVF or AVG, PE is never a problem. This is because after balloon angioplasty, the thrombus is macerated to small pieces that do not cause any problem. Even if the skin scab breaks off and bleed, I seriously doubt that it will cause life-threatening haemorrhage. One just needs to press a finger over the 3 mm wound, and haemostasis will be secured. I do not think that the 2.5 cm venous tear will rupture through the skin like an explosion, but ooze at a rapid rate through the 3 mm defect at the skin. At the end of the day, when these AVF goes down, it is because of thrombosis, and not haemorrhagic episodes. I do not think that the 3 mm skin scab is any precursor or predictor of patency.