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ANSWERING REVIEWERS

Name of journal: World Journal of Clinical Cases

Manuscript NO: 46937

Title: Application of Pulse index Continuous Cardiac Output (PiCCO) System in Elderly Patients with Acute Myocardial Infarction Complicated by Cardiogenic Shock: A Prospective Randomized Study

Reviewer's code: 00506014

Reviewer's country: Taiwan

Science editor: Ying Dou

Reviewer accepted review: 2019-03-30 15:17

Reviewer performed review: 2019-04-05 07:15

Review time: 5 Days and 15 Hours

SPECIFIC COMMENTS TO AUTHORS

1. Cardiogenic shock (CS) is a critical syndrome characterized by tissue hypoperfusion resulting from cardiac failure associated with high mortality. Invasive monitoring (such as Pulmonary artery Swan-Ganz catheter PAC) is not necessary for establishing a diagnosis of CS, but is helpful in determining treatment strategy and monitoring response to treatment. PAC is invasive and it's use was not shown to impact mortality.

2. In centers with expertise, the rate of periprocedural complication from PAC is relatively low and PAC afford continuous parameters help to accurately discriminate between different types of shock and guide management.

3. PiCCO is a minimal invasive technics and could afford analyzing microcirculation efficacy provide additional value in differentiating types of shock and guide therapy, but have not yet reached as a standard routine clinical use.

4. This is an interesting and prospective and



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study and PiCCO may be an alternative choice for such critical situation.

BACKGROUND (no more than 100 words) This section should clearly describe the rationale for the study. It should end with a statement of the specific study hypothesis.

Response: We have added BACKGROUND in Abstract section.

The background, present status, and significance of the study should be described in detail.

Response: We have added "ARTICLE HIGHLIGHTS" in the manuscript.

The following questions should be briefly answered:

What are the new findings of this study?

What are the new theories that this study proposes?

What are the appropriate summarizations of the current knowledge that this study provided?

What are the original insights into the current knowledge that this study offered?

What are the new hypotheses that this study proposed?

What are the new methods that this study proposed?

What are the new phenomena that were found through experiments in this study?

What are the hypotheses that were confirmed through experiments in this study?

What are the implications of this study for clinical practice in the future?

Response: We have added "Research conclusions" in the manuscript.

Research perspectives

What experiences and lessons can be learnt from this study?

What is the direction of the future research?



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What is/are the best method/s for the future research?

Response: We have added “Research perspectives” in the manuscript.

Please check and confirm that there are no repeated references!

Please add PubMed citation numbers (PMID NOT PMCID) and DOI citation to the reference list and list all authors. Please revise throughout. The author should provide the first page of the paper without PMID and DOI.

PMID (<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=PubMed>) (Please begin with PMID:) DOI (<http://www.crossref.org/SimpleTextQuery/>) (Please begin with DOI: 10.**)

Coding system

The author should number the references in Arabic numerals according to the citation order in the text. The reference numbers will be superscripted in square brackets at the end of the sentence with the citation content or after the cited author’s name, with no spaces. For example, “Crohn’s disease (CD) is associated with increased intestinal permeability[1,2].” If references are cited directly in the text, they should be included with the direct citation content within the text; for example, “From references[19,22-24], we know that...”. Before submitting your manuscript, please ensure that the order of citations in the text is the same as in the references section, and also ensure the spelling accuracy of the authors’ names. Do not list the same citation twice (i.e., with two different numbers)

Response: We have revised the references accordingly.

Please provide the decomposable figure of Figures, whose parts are movable and editable. So you can put the original pictures in PPT and submit it in the system.

Response: We have put the original pictures in PPT and submitted it in the system.



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Please explain all the abbreviations of each figure/table under each piece of figure/table legends.

Please don't include any *, #, ...in your manuscript; Please use superscript numbers for illustration; and for statistical significance, please use superscript letters.

Please put supplementary materials into another file named as "xxxxx-Supplementary material.pdf"

Reminder

Abbreviations. Standard abbreviations should be defined in the abstract and in the main body of the manuscript upon first mention in the text. In general, terms should not be abbreviated unless they are used three times or more and the abbreviation is helpful to the reader. Permissible abbreviations are listed in Units, Symbols and Abbreviations: A Guide for Biological and Medical Editors and Authors (Ed. Baron DN, 1988) published by The Royal Society of Medicine, London. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA and mAb, do not need to be defined and can be used directly.

Italics. Quantities: t, time or temperature; c, concentration; A, area; l, length; m, mass; V, volume. Genotypes: gyrA, arg 1, c myc, c fos, etc. Restriction enzymes: EcoRI, HindII, BamHI, Kbo I, Kpn I, etc. Biological nomenclature: H. pylori, E. coli, etc. Latin terms: i.e., e.g., via, etc.

Response: We have revised them accordingly.



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