PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 75959

Title: Considerations of single-lung ventilation in neonatal thoracoscopic surgery with cardiac arrest caused by bilateral pneumothorax: A case report

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 03475479

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer’s Country/Territory: Japan

Author’s Country/Territory: China

Manuscript submission date: 2022-02-23

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-23 22:45

Reviewer performed review: 2022-02-24 03:42

Review time: 4 Hours

| Scientific quality       | [ ] Grade A: Excellent | [ ] Grade B: Very good | [ ] Grade C: Good |
|                         | [ Y] Grade D: Fair     | [ ] Grade E: Do not publish |
| Language quality         | [ ] Grade A: Priority publishing | [ Y] Grade B: Minor language polishing |
|                         | [ ] Grade C: A great deal of language polishing | [ ] Grade D: Rejection |
| Conclusion              | [ ] Accept (High priority) | [ ] Accept (General priority) |
|                         | [ Y] Minor revision     | [ ] Major revision      | [ ] Rejection |
| Re-review               | [ ] Yes               | [ Y] No                 |
SPECIFIC COMMENTS TO AUTHORS

Authors showed a neonatal case with bilateral pneumothorax during thoracoscopic surgery. In present case, single-lung ventilation induced bilateral pneumothorax and managed carefully after operation. This case can provide useful information for clinicians. In Figure 3, the images of chest X-ray should be shown clearly. In present form, the condition of pneumothorax was hard to be understood. Several grammatical errors were found. The manuscript should be checked by a native speaker.
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Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 05630740

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer’s Country/Territory: South Korea

Author’s Country/Territory: China

Manuscript submission date: 2022-02-23

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-24 05:14

Reviewer performed review: 2022-02-28 04:33

Review time: 3 Days and 23 Hours

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<td>[ ] Grade D: Fair  [ ] Grade E: Do not publish</td>
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Peer-reviewer statements

| Peer-Review: | Anonymous | [ ] Onymous |
| Conflicts-of-Interest: | [ ] Yes | [ ] No |

**SPECIFIC COMMENTS TO AUTHORS**

Criteria Checklist for New Manuscript Peer-Review

1. **Title.** Does the title reflect the main subject/hypothesis of the manuscript? [Yes]  
2. **Abstract.** Does the abstract summarize and reflect the work described in the manuscript? [Yes]  
3. **Key words.** Do the key words reflect the focus of the manuscript? [Yes]  
4. **Background.** Does the manuscript adequately describe the background, present status and significance of the study? [Yes]  
5. **Methods.** Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail? [Yes]  
6. **Results.** Are the research objectives achieved by the experiments used in this study? What are the contributions that the study has made for research progress in this field? [I did not sense that the case report strongly adds to currently existing knowledge in this particular field.]  
7. **Discussion.** Does the manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly and logically? Are the findings and their applicability/relevance to the literature stated in a clear and definite manner? Is the discussion accurate and does it discuss the paper’s scientific significance and/or relevance to clinical practice sufficiently? [The discussion does fulfill most of the journal’s (aforementioned) criteria and is considered to be appropriate; however, I believe that it should be edited for brevity. It is lengthy & extensive which isn’t characteristic of clinical case reports. I would advise the authors to revise the discussion section firstly for brevity and consider highlighting key academic points or learning pearls. As mentioned, although authors declare learning a valuable lesson through the reporting of the clinical case, newly added knowledge or concepts were unclear to me. However, if these suggestions are implemented accordingly, I believe
the work is worthy of consideration for publication in this journal.]

8 Illustrations and tables. Are the figures, diagrams and tables sufficient, good quality and appropriately illustrative of the paper contents? Do figures require labeling with arrows, asterisks etc., better legends? [Yes]

9 Biostatistics. Does the manuscript meet the requirements of biostatistics? [N/A]

10 Units. Does the manuscript meet the requirements of use of SI units? [Yes; but be cautious of abbreviations used ie. “mg” as opposed to “milligram” in the prose when spelling out “1” as “one” or “two,” etc.]

11 References. Does the manuscript cite appropriately the latest, important and authoritative references in the introduction and discussion sections? Does the author self-cite, omit, incorrectly cite and/or over-cite references? [Overall the references are appropriately cited however, the reference list is also lengthy uncharacteristic of case reports; I advise the authors to review the current reference list and consider decreasing the number of sources in coordination with their revised “discussion” section appropriately]

12 Quality of manuscript organization and presentation. Is the manuscript well, concisely and coherently organized and presented? Is the style, language and grammar accurate and appropriate? [As aforementioned, the discussion section is lengthy; please reconsider revising the section being cautious to highly key academic pearls. Please see a few edits included in the original word document—highlighted in red & yellow.]

13 Research methods and reporting. Authors should have prepared their manuscripts according to manuscript type and the appropriate categories, as follows: (1) CARE Checklist (2013) - Case report; (2) CONSORT 2010 Statement - Clinical Trials study, Prospective study, Randomized Controlled trial, Randomized Clinical trial; (3) PRISMA 2009 Checklist - Evidence-Based Medicine, Systematic review, Meta-Analysis; (4) STROBE Statement - Case Control study, Observational study, Retrospective Cohort study; and (5) The ARRIVE Guidelines - Basic study. Did the author prepare the manuscript according to the appropriate research methods and reporting? [Yes.
Authors are commended for a very nice work in this area. 14 Ethics statements. For all manuscripts involving human studies and/or animal experiments, author(s) must submit the related formal ethics documents that were reviewed and approved by their local ethical review committee. Did the manuscript meet the requirements of ethics? [Yes; although patient consent form was in the original Chinese language—it may be advantageous for future submission, to have an officially translated version of the consent form used for submission purposes.]
## RE-REVIEW REPORT OF REVISED MANUSCRIPT

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 75959

**Title:** Considerations of single-lung ventilation in neonatal thoracoscopic surgery with cardiac arrest caused by bilateral pneumothorax: A case report

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**Peer-review model:** Single blind

**Reviewer’s code:** 03475479

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Associate Professor

**Reviewer’s Country/Territory:** Japan

**Author’s Country/Territory:** China

**Manuscript submission date:** 2022-02-23

**Reviewer chosen by:** Jia-Ping Yan

**Reviewer accepted review:** 2022-04-13 08:10

**Reviewer performed review:** 2022-04-13 13:53

**Review time:** 5 Hours

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SPECIFIC COMMENTS TO AUTHORS
Revised manuscript was well addressed and well written. I think this report is informative for clinicians.