PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine

Manuscript NO: 75274

Title: Cardiac arrest due to massive aspiration from a broncho-esophageal fistula: A case report

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 04027303

Position: Editorial Board

Academic degree: Doctor, MBBS, MD

Professional title: Assistant Professor, Doctor, Instructor, Teacher

Reviewer’s Country/Territory: India

Author’s Country/Territory: United States

Manuscript submission date: 2022-01-20

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-21 07:33

Reviewer performed review: 2022-02-21 10:33

Review time: 2 Hours

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<th>Scientific quality</th>
<th>[ ] Grade A: Excellent</th>
<th>[ ] Grade B: Very good</th>
<th>[ ] Grade C: Good</th>
<th>[ ] Grade D: Fair</th>
<th>[ ] Grade E: Do not publish</th>
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<tr>
<th>Language quality</th>
<th>[ ] Grade A: Priority publishing</th>
<th>[ ] Grade B: Minor language polishing</th>
<th>[ ] Grade C: A great deal of language polishing</th>
<th>[ ] Grade D: Rejection</th>
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<tr>
<th>Conclusion</th>
<th>[ ] Accept (High priority)</th>
<th>[ ] Accept (General priority)</th>
<th>[ ] Minor revision</th>
<th>[ ] Major revision</th>
<th>[ ] Rejection</th>
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</table>

| Re-review          | [ ] Yes | [ ] No |
SPECIFIC COMMENTS TO AUTHORS
When acute, an BPF can be life-threatening due to tension pneumothorax or asphyxiation from pulmonary flooding, kindly add chest X-ray at the time of diagnosis of BEF. This line needs explanation mentioning about the volume (ml) of output leading to massive aspiration. Explain in brief the methods have been used to diagnose bronchopleural fistulas BPFs and TEF. Kindly mention the incidence of cardiopulmonary arrest due to massive aspiration through a BEF. Kindly mention the time of development of BPF with proper literature in the discussion part. In discussion kindly mention in various brief points not in a favour that BPF may also occur after suppurative pneumonia, massive pulmonary infarction, or spontaneously.
Name of journal: World Journal of Critical Care Medicine

Manuscript NO: 75274

Title: Cardiac arrest due to massive aspiration from a broncho-esophageal fistula: A case report

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 05104705

Position: Peer Reviewer

Academic degree: MD

Professional title: Surgeon

Reviewer’s Country/Territory: China

Author’s Country/Territory: United States

Manuscript submission date: 2022-01-20

Reviewer chosen by: Xin Liu

Reviewer accepted review: 2022-03-11 10:07

Reviewer performed review: 2022-03-11 11:53

Review time: 1 Hour

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<td>Re-review</td>
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SPECIFIC COMMENTS TO AUTHORS
This is a very meaningful case that deserves to be learned.
PEER-REVIEWS REPORT

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

Manuscript NO: 75274

Title: Cardiac arrest due to massive aspiration from a broncho-esophageal fistula: A case report

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 05031867

Position: Peer Reviewer

Academic degree: MD

Professional title: Associate Professor

Reviewer’s Country/Territory: China

Author’s Country/Territory: United States

Manuscript submission date: 2022-01-20

Reviewer chosen by: Xin Liu

Reviewer accepted review: 2022-03-16 03:56

Reviewer performed review: 2022-03-19 05:05

Review time: 3 Days and 1 Hour

Scientific quality

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SPECIFIC COMMENTS TO AUTHORS
This paper reported a patient who developed broncho-esophageal fistulas after ingestion of drain cleaner substance, new traceoesophageal fistula was revealed after 17 weeks. The authors presented the reader with the dire natural history of trachea-broncho-esophageal fistulas and its delayed progression. At the same time, the authors suggested that close monitoring of the gastrointestinal tract patency and motility is critical to avoid gastric distention and large aspiration events. This article has certain clinical significance. However, there is an error in Figure 3, that is, 4A-4E should be 3A-3E.