



**PEER-REVIEW REPORT**

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

**Manuscript NO:** 48347

**Title:** Fatal Legionella pneumophila Serogroup 1 Pleural Empyema : Case Report and Literature Review

**Reviewer’s code:** 02454185

**Reviewer’s country:** China

**Science editor:** Ying Dou

**Reviewer accepted review:** 2019-06-05 08:15

**Reviewer performed review:** 2019-06-05 11:26

**Review time:** 3 Hours

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 Grade E: Do not publish	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

**SPECIFIC COMMENTS TO AUTHORS**

This is an interesting case that Legionella pneumophila is real in causing pleural empyema; however, I have a few comments before it can be accepted for publication. 1. To diagnose suspected tuberculosis, SPOT test can be helpful. 2. Why not drawn



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-223-8242  
**Fax:** +1-925-223-8243  
**E-mail:** bpgoffice@wjgnet.com  
**https://www.wjgnet.com**

pleural fluid repeatedly if the volume is increasing. The quality of the fluid is also changing to become purulent. 3. Why did you change the antibiotics after thoracentesis? 4. Why the patients condition deteriorate progressively after surgery when the purulent fluid was removed? Typically, sepsis can be more easily controlled if the surgical site of infection was drained. Are there large transfusion or fluid loading during operation? Which can cause fluid overload. Large volume transfusion may cause acute lung injury. 5. What is the sensitive test for the bacteria? Which antibiotics did it sensitive to? If it was sensitive to the antibiotics that had been used, the infection may not be the cause of his death. 6. Suggest to report the SOFA score sequentially (to create a time line) with reference to the use of antibiotics, surgery and other important treatment strategy; this may provide hints to why the condition deteriorates. 7. Also need to consider why the patient get infected by the Legionella pneumophila. Some risk factors? 8. In the conclusion section, the statement "pleural empyema of unknown cause" need to be defined. Like the definition for fever of unknown origin (FUO), there is specific diagnostic workup for the condition. So what did you mean by "pleural empyema of unknown cause"? 9. Need several lines of discussion on the treatment of sepsis, cite a reference is helpful (AME evidence series 001-The Society for Translational Medicine: clinical practice guidelines for diagnosis and early identification of sepsis in the hospital. <http://jtd.amegroups.com/article/view/8815/html>).

## INITIAL REVIEW OF THE MANUSCRIPT

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7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-223-8242  
**Fax:** +1-925-223-8243  
**E-mail:** [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)  
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**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 48347

**Title:** Fatal Legionella pneumophila Serogroup 1 Pleural Empyema : Case Report and Literature Review

**Reviewer’s code:** 00723142

**Reviewer’s country:** Oman

**Science editor:** Ying Dou

**Reviewer accepted review:** 2019-07-26 05:29

**Reviewer performed review:** 2019-07-26 05:49

**Review time:** 1 Hour

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

**SPECIFIC COMMENTS TO AUTHORS**

I understand that the infection is rare and diagnosis takes time. In a situation like this, with patients having multiple risk factors, there can always be a debate about the choice of initial antibiotics therapy. Is there a chance of a super infection or a co-infection with



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**Telephone:** +1-925-223-8242  
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another microbial entity causing empyema?

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