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Title: Intraoperative thromboelastography-guided transfusion in a patient with factor XI deficiency: A case report

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<table>
<thead>
<tr>
<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[ ] Grade E: Do not publish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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<tbody>
<tr>
<td>Language quality</td>
<td>[ ] Grade A: Priority publishing</td>
<td>[ ] Grade B: Minor language polishing</td>
<td>[ ] Grade C: A great deal of language polishing</td>
<td>[ ] Grade D: Rejection</td>
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<td>Conclusion</td>
<td>[ ] Accept (High priority)</td>
<td>[ ] Accept (General priority)</td>
<td>[ ] Minor revision</td>
<td>[ ] Major revision</td>
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<td>[ ] Yes</td>
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SPECIFIC COMMENTS TO AUTHORS
In this paper authors describe a successful application of intraoperative thromboelastography (TEG) in a patient with Factor XI deficiency subjected to a surgery for macrodactyly of the left foot. This problem is a very difficult deficiency to manage and the outcome have been very successful. TEG evaluate clot formation and fibrinolysis dynamically by continuously measuring and graphically displaying the changes in viscoelasticity at all stages of the developing and resolving clot. Although its use is very generalized in the deficiencies of other clotting factors, in the case of FXI, due to its rarity, there are few data in the literature. The case report is well written and provides information that could be useful for management with other patients with a similar problem.