

Review report

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Awake thoracic surgery for severe pulmonary hypertension: A case report
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REVIEW COMMENTS	AUTHOR RESPONSE
A. Technical review	
ROUND 1	
Reviewer's name: Dr Mohammad Saief Uddin	
ORCID: 0009-0007-0023-6725	
Date assigned: 3-Sep-24	
Date submitted: 10-Sep-24	
Do you have any conflict of interest with the author/s? No	
Do you wish to be disclosed to the author? Yes	
Comments sent to author (Date: 17-Oct-24)	Date: 24-Oct-24
<ol style="list-style-type: none"> 1. Here risk of surgery based on ASA criteria is mentioned but it is better to mention Revised Cardiac Risk Index Score under GA as pro BNP level was so high (3877.3 pg/ml). So the benefit of Awake thoracic surgery in very high risk patients with cardio-pulmonary co-morbidity should be explained clearly. Some correction as follows 2. Line 58 - before hypertension mention systemic hypertension, 3. line 63 - BP (120/75 mention-controlled BP) 4. Line 67 - Pleura effusion drainage - which site was right or left? 5. Line 109 - patients - patient who 6. Finally in the discussion give some examples of awake surgery benefits other than thoracic surgery. 	<ol style="list-style-type: none"> 1. ASA classification replaced with "Revised Cardiac Risk Index Score." 2. Mentioned "systemic hypertension." 3. Mentioned controlled BP, and the line shifted in 64. 4. The line is rewritten and mentions pleural effusion was drained from the right lung. 5. In line 109, "patient" is denoted as population, and this line comes from literature with citation. 6. Other than thoracic surgery, the benefit of awake surgery example can be explained, but it will lengthen the manuscript. We tried to get sick in thoracic surgery.
Reviewer's recommendation: REVISIONS REQUIRED	
Reviewer's name: Prof. Dr. Sukriti Das	
ORCID: 0000-0001-7609-6537	
Date assigned: 16-Oct-24	
Date submitted: 17-Oct-24	
Do you have any conflict of interest with the author/s? No	
Do you wish to be disclosed to the author? Yes	
This case report represent the safety and feasibility of segmental thoracic anesthesia for patients with severe cardiorespiratory compromise. Aged patient with chronic kidney disease, diabetes mellites, hypertension, severe	N/A

REVIEW COMMENTS	AUTHOR RESPONSE
pulmonary hypertension, this patient has high risk for operation under general anesthesia.	
The methodology is sound, demonstration is acceptable and approach is safe for the patient.	N/A
Thank you for using SCARE criteria for this case report, however according to updated SCARE criteria (2023), a structured abstract is necessary.	This journal policy has no room for an abstract, even though the SCARE criteria demand a structured abstract.
Reviewer's recommendation: REVISIONS REQUIRED	
Reviewer's name: Dr Arifa Akram	
ORCID: 0000-0001-8829-9817	
Date assigned: 16-Oct-24	
Date submitted: 17-Oct-24	
Do you have any conflict of interest with the author/s? No	
Do you wish to be disclosed to the author? Yes	
Overall Impression:	
<p>This case report presents a valuable contribution to the literature on the use of segmental spinal anaesthesia for thoracic surgery in high-risk patients with severe pulmonary hypertension. The methodology is sound, and the authors effectively demonstrate the feasibility and safety of this approach. The report is well-structured, providing a clear introduction, case description, management details, and a thoughtful discussion.</p> <p>Strengths:</p> <p>Relevance of the Topic: The report addresses an important clinical issue, given the challenges associated with general anaesthesia in patients with significant comorbidities, particularly those with pulmonary hypertension.</p> <p>Detailed Case Description: The patient's medical history, clinical presentation, and management are thoroughly described. The authors provide sufficient background to understand the complexities of the case.</p> <p>Use of Current Guidelines: The mention of the SCARE criteria adds rigor to the reporting, aligning the work with best practices in surgical case reporting.</p> <p>Discussion of Risks and Benefits: The discussion effectively outlines the risks associated with general anaesthesia and supports the rationale for choosing segmental spinal anaesthesia. The references to relevant literature bolster the argument.</p> <p>Management of Complications: The authors provide a clear account of how they managed the patient's blood pressure and oxygen saturation during the procedure, highlighting their ability to adapt to intraoperative challenges.</p>	Thank you very much for your impression about our work. No revision is required

Areas for Improvement:	
Literature Review: While the authors mention existing studies, a more comprehensive literature review could strengthen the discussion. Including specific references that outline the success and safety of segmental spinal anaesthesia in similar cases would be beneficial.	Additional literature reviews that outline several effective techniques that could enhance the manuscript were not able to be cited due to journal word constraints.
Outcome Measures: The report could benefit from discussing postoperative outcomes in greater detail, including recovery times, pain management, and any complications that arose after surgery. Long-term follow-up data, if available, would enhance the report's value.	The outcome measure is revised and is addressed in lines 90-91 in brief.
Technical Details: More information on the specific techniques used for segmental spinal anaesthesia would be useful. Details about the volume and concentration of the local anaesthetic, as well as any monitoring protocols during the procedure, would add depth.	In lines 73-79, this particular region is discussed.
Patient Selection Criteria: Discussing the criteria for selecting patients for this type of anaesthesia would provide additional context. How were the risks assessed, and what factors contributed to the decision to proceed with segmental spinal anaesthesia?	We attempted to ascertain the risk assessment and the elements influencing the choice of an anaesthetic technique in the "Case discussion and management" section, which runs from lines 57-71. Additional elaboration could make the manuscript longer, exceeding the journal's word limit.
Patient Perspective: Incorporating the patient's perspective on the experience and recovery could add qualitative value to the report. This would help to assess the subjective satisfaction and comfort levels associated with awake thoracotomy.	We revised and incorporated patients' perspectives in line 91 and discussion sections in lines 109-111.
Reviewer's recommendation: REVISIONS REQUIRED	
B. Editorial decision	Date: 25-Oct-24
Please elaborate the learning points. You may wish to add another bullet to clarify what the surgeons will learn by reading the article and practicing the method.	The learning point has been updated and elaborated, and one additional point was added.
Final decision: Accepted subject to editorial clarifications.	