

## Review Form 1.6

Journal Name:	<b>Asian Journal of Case Reports in Medicine and Health</b>
Manuscript Number:	<b>Ms_AJCRMH_92729</b>
Title of the Manuscript:	<b>The Commonness of Rarity!</b>
Type of the Article	<b>Case study</b>

### **General guideline for Peer Review process:**

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<https://www.journalajcrmh.com/index.php/AJCRMH/editorial-policy> )

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### PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<b>Compulsory</b> REVISION comments	<p>1. Which recruitment manoeuvres were used? Name them and specify their details.</p> <p>2. how prone mechanical ventilation was given, which mode was used and which ventilator was used, PEEP settings as its given that 100% FiO2 support ?</p> <p>3. pulmonary oedema is characterized by type I respiratory failure, justify as its mentioned that patient presented with type II failure</p> <p>4. After how many days patient was mobilized ?</p> <p>5. details of physiotherapy treatment given</p> <p>6. As in discussion you are corroborating your findings with Supriya Sarkar et al, who has used high PEEP and similar quoted in this case study also i.e. HIGH PEEP and low tidal volume . Then which specific recruitment maneuver has been used in the present case study, as disconnecting patient from ventilator with HIGH PEEP in itself leads to barotrauma/volutrauma and causes alveolar collapse. So, justify/coordinate treatment given and the clinical condition of patient.</p> <p>7. As mentioned in discussion, Patient is on HIGH PEEP, which suction system has been used when patient was tracheostomised, as open/closed suction systems have different indications and results.</p> <p>8. Since its mentioned in discussion that patient was paralyzed in first 2-3 days and recruitment was given for hypoxaemia, on which mode patient was given mechanical ventilation. Also, in the introduction its mentioned that patient presented with type2 respiratory failure in emergency and in discussion its mentioned that in first 2-3 days of admission patient presented with refractory hypoxaemia, which is characteristic of type I respiratory failure. Both statements stand contradictory to each other.</p> <p>9. In conclusion, its mentioned that patient was given HIGH PEEP, level of PEEP and its gradation should be mentioned.</p>	
<b>Minor</b> REVISION comments	<p>1. Chest X ray figures should mention the day of admission also, like on which day the pictures have been taken, so that a clinical protocol can be established .</p> <p>2. informed consent should be mentioned in the beginning of case study.</p>	
<b>Optional/General</b> comments	Format for case reports not followed completely.	

### PART 2:

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Are there ethical issues in this manuscript?	<p><i>(If yes, Kindly please write down the ethical issues here in details)</i></p> <p>No mention of ethical approval number/ details are given.</p>	

### Reviewer Details:

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