Review Form 1.6

Journal Name:	**Journal of Advances in Medicine and Medical Research**
Manuscript Number:	**Ms_JAMMR_94856**
Title of the Manuscript:	**Prognosis impact of Postoperative dysnatremia in cardiac surgery under extracorporeal circulation**
Type of the Article	**Original Research Article**

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.journaljammr.com/index.php/JAMMR/editorial-policy)

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)*
Compulsory REVISION comments		
Minor REVISION comments	Grammar errors are in yellow: (most of them require a comma before the highlighted word) 1. The aim of our study is to evaluate the prognosis impact of postoperative dysnatremia in cardiac surgery under extracorporeal circulation. 2. This is a descriptive and analytical retrospective study, concerning patients operated for a period of 18 months between September 2018 and February 2020 in the cardiovascular surgery department at the Mohammed V Military teaching hospital in Rabat, ~~and~~ including 253 adult patients. 3. The bioassay of plasma sodium was done immediately, at 4, 24 and 48 hours after admission to the intensive care unit. 4. During heart surgery, extracorporeal circulation is a support technique that provokes a systemic inflammatory response responsible for several hydro-electrolyte disorders including dysnatremia. 5. Anesthesia maintenance was done with TIVA of Propofol, Sevoflurane or Isoflurane. 6. until cardiac arrest and then repeated ~~every 25 t~~o 30 minutes as well as local cooling with a solution ice flowed into the pericardium. 7. Bleeding is prevented by administering tranexamic acid at a dose of 15 to 30 mg/kg before and after injection of protamine. 8. The duration of the aortic clamping, the duration of the extracorporeal circulation and the duration of the surgical intervention as well as the postoperative hemodynamics were collected. 9. Postoperatively, all patients were admitted to intensive care unit. 10. Plasma natremia was assayed preoperatively and postoperatively at H0, H4, H24 and H48. The normal value for plasma sodium is taken to be a level between 136 and 145 mmol/l.	
	11. Cardiovascular, respiratory, renal, neurological, infectious and haematological complications (postoperative bleeding > 100ml/h for 3 hours or use of a blood transfusion). 12. Data entry and statistical analysis was performed using SPSS 20.0 software. 13. The quantitative variables are expressed as mean and standard deviation in the case of a Gaussian distribution and as median and quartiles in the case of a non-Gaussian distribution and the qualitative variables in counts and percentages. 14. Cardiogenic shock, myocardial infarction, tamponade and cardiac arrhythmias was the most common postoperative complications	
Optional/General comments		

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?	*(If yes, Kindly please write down the ethical issues here in details)*	

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Reviewer Details:

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