

Review Form 1.7

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_115690
Title of the Manuscript:	Inadvertent dural puncture following thoracic epidural anesthesia for mastectomy: A case report
Type of the Article	Case report

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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)
<p>Compulsory REVISION comments</p> <ol style="list-style-type: none"> 1. Is the manuscript important for scientific community? (Please write few sentences on this manuscript) 2. Is the title of the article suitable? (If not please suggest an alternative title) 3. Is the abstract of the article comprehensive? 4. Are subsections and structure of the manuscript appropriate? 5. Do you think the manuscript is scientifically correct? 6. Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form. <p><u>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</u></p>	<p>May be. There are many similar case reports on inadvertent dural puncture and their uneventful clinical management without any perioperative complications. A review or systematic analysis in these areas are limited and lacking for uniform management protocols. Similar case reports or series add some scientific information/evidence for future large multicentric trials or reviews etc.</p> <p>Title needs modification – I suggest “uneventful continuous thoracic epidural anaesthesia for mastectomy following inadvertent dural puncture – a case report”.</p> <p>Abstract appears to be fine but some modifications would make it a better one.</p> <p>Subsections and structure of manuscript appears to be appropriate.</p> <p>There is no definitive uniform management protocol in these clinical situations. Most clinicians managed such situations with their previous experiences or as clinical situation demands. It is difficult of comment on scientific correctness.</p> <p>Some references are as old as 1993. But due to limited literature and scientific evidence in these clinical situations, older references with a quality scientific evidence can be still considered in these situations.</p> <p>Few suggestions to the authors:</p> <ol style="list-style-type: none"> 1. Why a lower thoracic space was used at T8-T9 for epidural catheterisation with large volumes of only local anaesthetic without any adjuvants was used? 2. A higher space at T4 – T5 with a lower volume of local anaesthetic with adjuvants would have been better. 3. Well controlled hypertension as mentioned by the authors is not a scientific background in not choosing or for not having adopted general anaesthesia. 4. One litre of preoperative hydration was not required, a Coloadng technique gives better results. 5. A 5ml syringe with continuous aspiration was used to confirm epidural placement of Touhy’s needle after inadvertent dural puncture which leads to higher CSF loss which is not recommended. 6. Inadvertent dural puncture was done at 6cms of needle length, later withdrawn a bit. Epidural catheter was fixed at 12 cms marking which is not recommended. Not more than 5 cms of epidural catheter inside the epidural space is recommended. Epidural catheter fixation at a length of 9 or 10 cms in this case was sufficient. 7. It appears the patient was sedated with Intravenous Diazepam 5mg with Pentazocine 30mg, a lower dose of midazolam or Dexmedetomidine would have been better. 8. Epidural catheter would have been kept in place for another 24 to 48 hours for post-operative analgesia since there were no signs of any complications. 9. Oral diet would have been allowed as early as 2 hours but early oral diet was allowed in the view of too much of intravenous sedation. 	
<p>Minor REVISION comments</p> <ol style="list-style-type: none"> 1. Is language/English quality of the article suitable for scholarly communications? 	<p>Language of presentation needs to be improved</p>	

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Optional/General comments		
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PART 2:

	Reviewer's comment	Author's comment <i>(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)</i>
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

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