OPEN PEER REVIEW

Open Peer Review (OPR)

As a new feature for progressing towards transparency, we decided to open a new window for all of our editors as well as authors titled "**Open Peer Review**". We hope by this new facility, our reviewers will be more motivated and authors will be more satisfied with the review process. We believe that publishing our peer review reports could make a transparent and clear environment for all our efforts within a journal, but not all reviewers tend to publish their comments.

What is "Open Peer Review" process?

An "Open Peer Review" process is making the details of all review process (including reviewers, associate editors, and EICs comments) as "Public" as it is agreed by EIC, Authors, and reviewers.

Advantages of "Open Peer Review" process

- More transparency, constructiveness and tactful comments of the peer review process: leads to an increase in the quality of reviews
- More motivations for all involved roles in the review process
- Authors' satisfactions from the review process: Increases honesty between authors and reviewers
- Education of both authors and new students
- Prevents reviewers from following their individual agendas and leading to the detection of reviewers' conflicts of interests

You can find out more at:
https://sites.kowsarpub.com/kowsar/knowledgebase/category/tree.html#opr.html

Anesthesiology and Pain Medicine
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Peer Review Report for "Massive Pulmonary Emboli in Klinefelter Syndrome: A Rare Case Report"

Author(s): Fatemeh Javaherforooshzadeh, Yusef Torfi

Review Timeline:

Submit Date: 14 Jul 2021
Revised Date: 7 Aug 2021
Accepted Date: 10 Aug 2021

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (0) — 29 Jul 2021

Dear AE,
It was a case report with imperfect treatment when it was diagnosed as a Klinefelter syndrome.
- Did the patient taking any anticoagulant drugs in history?
Best Regards

REFEREE: Reviewer | **Revision** (0) — 1 Aug 2021

Dear AE,
Comments for the authors:
1. A major revision is required in English grammar, punctuation, capitalization, and in choosing appropriate words.
2. The manuscript does not have the same font.
3. There are many abbreviations not described; of note, the full term should be written at its first use in the manuscript.
4. In line 4 of the case presentation, it is required to name the kind of classification, for instance, the New York Heart Association(NYHA) Classification of Heart Failure.
5. In the case presentation section, “….transthoracic echocardiography presented …visible fresh cloth in main PA and proximal part of branches in suprasternal view.”, is it possible to

determine the freshness of the clot with certainty in the echocardiography?

6. In the case presentation section, "….After 4 hours, the patient was removed from the ventilator with a stable hemodynamic condition.", the time needs to be mentioned, after four hours of what event?

7. It is recommended to mention the time the patient was extubated.

8. A reference needs to be mentioned for the first sentence in the discussion section.

9. Need references correction based on Vancouver style.

10. Suggest below reference:

Mohammed Sheata I, Smith SR, Kamel H, Varrassi G, Imani F, et al. Pulmonary Embolism and Cardiac Tamponade in Critical Care Patients with COVID-19; Telemedicine's Role in Developing Countries: Case Reports and Literature Review, Anesth Pain Med. 2021;11(2):e113752.

Regards

REFEREE: Associate Editor | **Revision** (0) 5 Aug 2021

Dear EIC

Thanks for submitting the manuscript to anesthesiology and pain medicine. The reviewers feel that the manuscript needs minor revision.

Best Regards

REFEREE: EIC | **Revision** (0) 6 Aug 2021

Dear Author,

Your article is reviewed by the reviewers carefully. According to their comments, this document needs minor revision. Please follow their comments as requested.

Thanks.

OPEN PEER REVIEW

Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Reviewers' Comments:

Reviewer 1:
Dear Author
It was a case report with imperfect treatment when it was diagnosed as a Klinefelter syndrome.
- Did the patient taking any anticoagulant drugs in history?

No, the patient did not receive any anticoagulants

Best Regards

Reviewer 2:
1. A major revision is required in English grammar, punctuation, capitalization, and in choosing appropriate words.

English grammar, punctuation, capitalization, and in choosing appropriate words were corrected.

2. The manuscript does not have the same font.

The font of the whole manuscript became similar

3. There are many abbreviations not described; of note, the full term should be written at its first use in the manuscript.

Abbreviations were described at its first use in the manuscript
4. In line 4 of the case presentation, it is required to name the kind of classification, for instance, the New York Heart Association (NYHA) Classification of Heart Failure.

Was corrected
5. In the case presentation section, "….transthoracic echocardiography presented …visible fresh cloth in main PA and proximal part of branches in suprasternal view.", is it possible to determine the freshness of the clot with certainty in the echocardiography?

Freshness of the clot is an organic type, that ,this type can be occurs in the left ventricle, but in the arteries with of acute symptoms in patient , a fresh clot is seen.

6. In the case presentation section, "….After 4 hours, the patient was removed from the

ventilator with a stable hemodynamic condition.", the time needs to be mentioned, after four hours of what event?

Extubation and weaning off from ventilator after cardiac surgery usually occurs between 6 and 8 hours after surgery if no complications occur. After embolectomy, pulmonary reperfusion edema in the early hours is a major complication , which in turn prolongs the weaning off process. This complication did not occur in our case.

7. It is recommended to mention the time the patient was extubated.

This was 4 hours after surgery that was mentioned

8. A reference needs to be mentioned for the first sentence in the discussion section.

This was mentioned (5)

9. Need references correction based on Vancouver style.

Were corrected

10. Suggest below reference:

Mohammed Sheata I, Smith SR, Kamel H, Varrassi G, Imani F, et al. Pulmonary Embolism and Cardiac Tamponade in Critical Care Patients with COVID-19; Telemedicine's Role in Developing Countries: Case Reports and Literature Review, Anesth Pain Med. 2021;11(2):e113752.

This reference was mentioned as 6

Regards

OPEN PEER REVIEW

Revision (1)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (1) 10 Aug 2021

Dear AE,
Thank you for inviting me to review this revised manuscript. Fortunately, author tried to correct the majority of requested items, and this case report can be consider for publishing.
Sincerely yours

REFEREE: Associate Editor | **Revision** (1) 10 Aug 2021

Dear EIC,
Based on reviewers' comments, this revision is acceptable for publishing at Anesth Pain Med.
Final decision: Acceptance
Regards

REFEREE: EIC | **Revision** (1) 10 Aug 2021

Dear Author,
The document is reviewed carefully by the reviewers. According to their comments and your revisions as requested, this manuscript is accepted.
Thanks.