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OPEN PEER REVIEW

Investigating the Role of Hyper Density Signal Length in the Middle Cerebral Artery on the Degree of Disability of Arterial Ischemic Stroke Patients

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About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

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1 Original submission

3 comments · 15 Jul 2024 – 22 Jul 2024

Maryam Alemzadeh Reviewer

MAJOR REVISION 15 Jul 2024

Dear Doctor
Thank you for sending me the article titled "Investigating the role of hyper density signal length in the middle cerebral artery on the degree of disability of arterial ischemic stroke patients" for review.
In line number 75, correct the following item.
In the English translation, there is no need to mention the word (AS) for hospital. This is necessary in the Persian translation, but not necessary in the English translation.
Line number 77 needs English editing, especially the study entry criteria.
The word "profile" in line number 86 needs correction.
The phrase "patient goes" in line number 89 needs correction.
In lines 118 and 119, what is the meaning of the following phrase: "hemorrhage and injection of r- r-tPA"? This needs correction.
The demographic variables mentioned in lines 87 to 92 do not match with the demographic variables in table number 1.
What does placing the letters "a" in table number 5 mean? Please explain.
Writing corrections should be made in line number 200.
Reference number 21 needs editing. Mention the name of the journal.
Modify the abstract according to the above.

Associate Editor

MAJOR REVISION 22 Jul 2024

Dear EIC,
I would like to extend my gratitude to the authors for their contribution and commend the researchers for their valuable work presented in the manuscript. However, I believe that certain revisions are necessary, and I kindly request the authors to consider incorporating these suggested changes based on the provided comments.

Editor-in-Chief

MAJOR REVISION 22 Jul 2024

Dear Author,
Thank you for submitting the article. It needs some revision. Please revise it based on the reviewers' and AE's comments.

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Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Reviewer:

Question:

In line number 75, correct the following item.

In the English translation, there is no need to mention the word (AS) for hospital. This is necessary in Persian translation, but not necessary in English translation.

Reply:

In this cross-sectional study that was conducted in 2022-2023, patients with stroke referred to the emergency department of Imam Hossein hospital in Tehran province were included in the study.

Question:

Line number 77 needs English editing. Especially the study entry criteria

Reply:

Inclusion criteria include: 1-: ……

Question:

The word "profile" in line number 86 needs correction.

Reply:

The tools used include the demographic form and the Modified Rankin Scale (mRS) tool.

Question:

The word "patient goes" in line number 89 needs correction.

Reply:

Question:

In line 118 and 119, what is the meaning of the following phrase "hemorrhage and injection of r- r-tPA". needs correction.

Reply:

Table 1- Mean (SD) comparison of disability score in patients according to variables investigated

Question:

The demographic variables mentioned in lines 87 to 92 do not match with the demographic variables in table number 1.

Reply:

We delete the presence of concomitant diseases (including heart problems, diabetes, cancer, etc.) in the demographic form(methods)

Question:

What does placing the letters "a" in table number 5 mean? Please explain.

Reply:

Variable	R	R	Adjust	Sum of	Mean	F	Sig.

		square	ed R Square	Squares	Square		
Admission time	.248	.061	.050	10471.049	129.272	5.308	.02
Upon discharge	.219	.048	.036	10697.703	130.460	4.130	.04
3 months after discharge	.288	.083	.072	10304.345	125.663	7.418	.008

Question:

Writing corrections should be made in line number 200.

Reply:

In 90 days after the disease, the rate of 73.2 patients with zero score, the rate of 73.16 patients with score one, the rate of 73.21 patients with score two, the rate of 73.20 patients with score 3, the rate of 73.12 patients with score 4 and the rate of 73.2 patients had a score of 5 in study[42]. Also, in the ……

Question:

Reference number 21 needs editing. Mention the name of the journal.

Reply:

This reference is related to a book. That is why the name of the publisher is mentioned. In fact, there is no journal whose name is mentioned.

Reviewer:

Question:

Reply:

Abstract

Background: Intravenous alteplase is one of the drug treatments that is injected as an emergency and in the early hours of the patient's admission.

Objectives: This study was conducted with the aim of determining the role of hyperdense signal length in the middle cerebral artery on the degree of disability of arterial ischemic stroke patients with evidence of vascular involvement.

Methods: In this cross-sectional study, patients with stroke referred to the emergency department of Imam Hossein hospital in Tehran province were included in the study. The tools used include the demographic profile form and the Modified Rankin Scale (mRS) tool. At the beginning of the patient's admission, the patient's demographic profile form and the mRS tool were completed, and then the mRS tool was completed at the time of the patient's discharge and also 3 months after the patient's discharge. after collecting the data of this study, the patients' information was entered into SPSS version 16 software and data analysis was done.

Results: Result showed, there was no relationship between the patient's age and the disability score at the time of admission (P=0.11), but at the time of the patient's discharge and 3 months after the patient's discharge, the level of disability in the patients had a significant relationship with the patient's age. So that the amount of disability in patients who were younger was also reported less. Also, after the patient was admitted to the hospital and thrombectomy was performed, the patient's disability status was significantly reduced compared to the disability status at the time of admission (P=0.000). So that M(Sd) mRS score at the time of admission was 4.78(0.44) and at the time of discharge it was 3.94(1.84). Also, comparing the disability score in the period of 3 months after the patient's discharge, it was shown that the M(Sd) of the disability score had decreased from 4.78(0.44) to 3.72(2.25), which compared to the score at the time of the patient's discharge. This reduction was not significant (p=0.06).

Conclusions: Considering that in patients with older age and higher MCA level, more disability status was reported, for this reason, it is necessary to take necessary preventive measures in this field.

Keywords: Modified Rankin scale, Stroke, Disability

2 Revision 1

2 comments · 1 Aug 2024 – 1 Aug 2024

Associate Editor

ACCEPT 1 Aug 2024

Dear EIC,

I reviewed the manuscript again. The great effort in improving the manuscript is highly appreciated.
The authors have addressed all comments.
Thank you

Editor-in-Chief

ACCEPT 1 Aug 2024

Dear Authors,
Your revisions have significantly improved the article, and it is now deemed acceptable for publication.
Congratulations on your hard work and dedication to enhancing the quality of your work.