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OPEN PEER REVIEW

Age at Surgical Ligation of Patent Ductus Arteriosus Affects Prognosis in Extremely Premature Infants

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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

1 comment · 16 Aug 2021

Associate Editor

MAJOR REVISION 16 Aug 2021

Thank you for submitting your manuscript to this journal.
Comments can be found below for your consideration. Please change your study based on these comments.

- How many preterm neonates were enrolled in your study?
- In Subjects and methods, change ultrasound findings to echocardiography.
- Which reference did you use for the definition of hsPDA?
(LA/LO) >1.3 is considered severe hsPDA, and DA diameter >1.5 mm is considered moderate PDA. They are not the same.
- There are so many repetitive sentences in the first paragraph of the discussion. Please summarize the paragraph.
- Insert the flow diagram of the study patients.
- Generate receiver operating characteristic (ROC) curves for the assessment of significant factors associated with PDA surgical ligation.
- Update your references.

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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.

Dear reviewers,

Thank you very much for your comments on manuscript revisions.

The manuscript has been revised in accordance with the review comments.

Q1. How many preterm neonates were enrolled in our study?

R: Forty-four extremely premature infants were enrolled in our study. The part has been highlighted.

Q2. In Subjects and methods change ultrasound findings to echo cardiography

R: That has been changed.

Q3. Which reference did you use for definition of hsPDA? (LA/LO) >1.3 is considered as severe hsPDA and DA diameter >1.5 mm is considered as moderate PDA. They are not the same.

R: We refer to Reference 8 by Malviya et al. to define hsPDA. They difined the diagnostic criteria in the part of “Description of the condition”.

Q4. There are so many repetitive sentences in the first paragraph of discussion. Please summarize the paragraph.

R: The paragraph has been revised. Some sentences have been deleted and some been summarized.

Q5. Insert the Flow diagram of the study patients

R: Flow diagram of the study patients has been inserted.

Q6. Perform receiver operating characteristic (ROC) curves for the assessment of significant factors associated with PDA surgical ligation

R: It is a very good suggestion for us. However, it was a retrospective study. The record of the corresponding data is missing. We will adopt this good suggestion in the follow-up prospective research and record complete data to make better research. Thanks for your suggestion to improve our scientific research thinking ability.

Q7. update your references

R: Some references have been updated, and they have been highlighted.

Thank you again for your hard work!

The authors

2 Revision 1

0 comments

No public comments in this round.