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Peer Review Report for "Relationship Between the Pleural Effusion and Mean Platelet Volume After Coronary Artery Bypass Graft"

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Review Timeline:

Submit Date:	28 Feb 2018
Revised Date:	2 Jun 2018
Accepted Date:	11 Jun 2018

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) — 11 Mar 2018

Dear AE,
The author says that if MPV is low, graft failure is high, What's the reason?
Thanks.

REFEREE: Reviewer | **Revision** (0) — 11 Mar 2018

Dear AE,
I have to say that the main goal of the study has some problems and faults.
- According to the study increase MPV at admission associated with a lower incidence of PE in CABG. but what is the exact importance of this issue?
- Can we manipulate or interfere with this parameter? ie with platelet transfusion. of the curse, we can but we will pay back with the increase risk of graft thrombosis or other thrombotic complications as you mentioned in your paper and other complication of transfusion which are way beyond of occurrence of PE which is not as serious as other complications.
- In the abstract I read the sentence :
"The goal of this study was to investigate the tendency to thrombosis due to higher MPV

may be an advantage for developing postoperative pleural effusion inpatient with CABG." sorry but I believe this point is not suitable as the main goal of any kind of study.
Thanks.

REFEREE: Reviewer | **Revision (0)** 15 Mar 2018

Dear AE,
Congratulate for this valuable work " Relatıonshıp Between The Pleural Effusion And Mean Platelet Volume After Coronary Artery Bypass Graft", however respectfully some points are recommended.
1: The authors mentioned in the method that pleural effusion is considered significant whenever it covering more than 25 % of hemithorax; what's your reference for this description?
2: Also they mentioned that your routine policy is to take a control CXR 2 weeks following operation; did you take it just before discharge from a hospital or not? What did you do for those groups of patients with significant and symptomatic PE? Did you included those patients in your study or not and if not why?
3: Taking a control CXR 2 wks following operation is your center policy or you have any references for doing that?
4: It's better to replace the word " puncture " with paracentesis which is more familiar.
5: In the last paragraph before the conclusion, what's the meaning of the word " trombotik ", thrombotic is correct.
6: In Table 3, what about " bypass count "? CPB time is correct.
7: In table 4, what about the term " intubated time ", intubated is correct
8: The manuscript was not written in proper and acceptable English and revision is necessary with someone who has more experience in this regard.
Sincerely

REFEREE: Associate Editor | **Revision (0)** 4 Apr 2018

Dear EIC,
Thanks for sharing this experience.
Please consider the reviewers' comments for the next revised manuscript.
regards.

REFEREE: EIC | **Revision (0)** 4 Apr 2018

Dear Author,
The reviewers' comments are mentioned. Please correct the details as mentioned above carefully according to reviewers' request.
Thanks.

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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.

Dear editor and rewievers:

We thanks a lot for your valuable assessment. We have corrected to manuscript as your suggests.

Reviewer-1:

1- Higer MPV is related to graft trombosis through mentioned mechanism.

Reviewer-2:

1- If the pleural fluid level covering over than 25% of the hemithorax in the control chest X-ray, ıt accepted to major PE like as Labidi et al.‘s study*. (*:Labidi M, Baillot R, Dionne B, Lacasse Y, Maltais F, Boulet LP. Pleural effusions following cardiac surgery: prevalence, risk factors, and clinical features. Chest 2009;136:1604-11)
2- Two weeks after surgery and about one week after discharging the chest x-ray is performed in our clinical routine practise. All patients with pleural fluid over than 25% of hemithorax were included to study.. Tube thoracostomy was performed in 35 of 71 PE patients, thoracentesis was performed in 23 of them, and 13 patients were treated with only diuretic medication. These were meintoned in the manuscript.
3- Taking a control chest-x ray 2 weeks following operation is our center policy.
4- The word " puncture " was corrected as “paracentesis”.
5- The word " trombotik " was corrected as “trombotic”.
6- The mean of “bypass count “ is used graft count during the CABG surgery. It was corrected in the table.
7- "Entubated time "was corrected as “intubated time”.
8- The english editing was performed by someone who more experienced.

Reviewer-3:

1- The main message of this article is surgeon have to be more careful in terms of postoperative haemorrhagic pleural effusion in patients with higher MPV. Therefore surgeons have to perform strict bleeding control during the surgery for avoiding

postoperativelly haemorrhagic pleural effusion in these patients. The role of trombosit transfusion to increasing of MPV value is not clear in literature. Additionally venture of any risk of trombosit transfusion may not to be necessary for the sake of increasing of MPV value.

2- The goal of study was corrected more suitable form in abstract section.

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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) 8 Apr 2018

Dear AE,
I don't found any documented relationship between mpv and pleural effusion despite minor revision by the author.
Thanks.

REFEREE: Reviewer | **Revision** (1) 13 Apr 2018

Dear AE,
Thanks for this great work to evaluate the probability of the relationship between MPV and postoperative pleural effusion. However, some recommendation seems to be necessary.
1- Respectfully, I didn't catch what would be the benefit of this study in practice. As you know the most outstanding factors in postoperative graft failure comprise of error of technique, poor distal run-off and poor preparation of conduits. Other factors such as endarterectomy and hypercoagulable states just like high MPV are not considered as the primary determinant of graft failure after CABG. Therefore I believe that doesn't matter to measure MPV preoperatively and just before discharge from hospital. Actually, it may increase the load of laboratory work and the budget burden of health care. Furthermore an exact physical examination and CXR if necessary would be key points to detect considerable postoperative PE.
2- In the method, in the definition of DM and HTN you mentioned that:
" Hypertension was defined as a blood pressure of 140/90 mmHg or if the patient was on antihypertensive medication. Diabetes mellitus was defined as a fasting blood glucose of > 126 mg/dl on two measurements, or if the patient was treated with insulin or oral hypoglycaemic medication".
Certainly, the majority of heart failure patients are on ACE and ARB and recently on the ARNI group of drugs without any known previous hypertension.
Also, insulin resistance and temporary hyperglycemia is a known process after any cardiac surgery, Therefore this group of patients couldn't be considered as diabetic, although glucose intolerance and temporary insulin resistance.
3- Altogether, English is very poor and full of grammatical and spelling mistakes which aren't negligible and should be revised by anyone expert in scientific writing. Some of these mistakes:
In the method, line 5, whose is incorrect and who is correct.
In the method, 2nd paragraph, line 2, " ..... were included in the exclusion criteria".

This is a bizarre statement and it would be better to say ..... excluded from this study".
In the method, 3rd paragraph, " thorax tube " is unusual and unconventional, so chest drainage tube is more acceptable.
In disscussion, line 24, clopidorel, clopidogrel is correct.
Also in the method, there's no need to mention how you calculated the BMI.
In the discussion, the last sentence isn't lucid and understandable, grammatically isn't correct.
Altogether, I think that your manuscript needs major revision before acceptance.
Thanks.

REFEREE: Associate Editor | **Revision (1)** 24 Apr 2018

Dear EIC,
Thanks for submitting this manuscript.
please note that this paper:
1: Needs still more revision according to the reviewers' comments.
2: Still need major scientific writing and English editing
3: Need to mention that this relationship can be as incidental findings
- What do they mean 'The role of trombosit transfusion in increasing MPV value is not clear in the literature.
- Additionally venture of any risk of trombosit transfusion may not be necessary for the sake of increasing of MPV value" what is the trombosit transfusion ??
- What is the graft count? Do they mean graft number? and .....
bests

REFEREE: EIC | **Revision (1)** 24 Apr 2018

Dear Authors
Thank you for your interest and submitting your manuscript to our journal.
Please note that your article needs more revision according to the reviewers' comments and questions.
Kind regards

OPEN PEER REVIEW

Revision (2)

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.

Dear editor and reviewers, we are very grateful for your intens effort for his manuscript. We endeavored to correct this manuscript as your comments. We hope ıt will be in acceptable form in this time.

Kind regards…

Safa Gode, Assist. Prof. MD

Departments of Cardiovascular Surgery, Istanbul Mehmet Akif Ersoy Thoracic and Cardiovascular Surgery Training and Research Hospital, İstanbul, Turkey

Reviewer-1:

Q-1: Respectfully, I didn’t catch what would be the benefit of this study in practice. As you know the most outstanding factors in postoperative graft failure comprise of error of technique, poor distal run-off and poor preparation of conduits. Other factors such as endarterectomy and hypercoagulable states just like high MPV are not considered as the primary determinant of graft failure after CABG. Therefore I believe that doesn’t matter to measure MPV preoperatively and just before discharge from hospital. Actually it may increase the load of laboratory work and budget burden of health care. Furthermore an exact physical examination and CXR if necessary would be key points to detect considerable postoperative PE.

R-1: MPV is in the routin hemogram test. Detailed examination is not require for MPV. So this is not extra burden for laboratory and budget. We represented to how to taking and examining routin blood sample preoperativelly. We decided that this detail is not require for reader. So we exluded this section from the manuscript. Even if pathophisiological mechanism of relationship between MPV and hemoragic pleural effusion is not clear, the effect of MPV on the graft failure was determined in the literature (1,2). We think that preoperative low MPV value may give an idea for development of pleural effusion in patients with CABG.

References:

1- Ertekin U, Anil O, Sabit K, Durukan AB., Tak S, Songur M, et al. Mean platelet volume may predict early clinical outcome after coronary artery bypass grafting J Cardiothorac Surg. 2013; 8: 9.1 doi: 10.1186/1749-8090-8-91,

2- Hudzik B, Korzonek-Szlacheta I, Szkodziński J, Liszka R, Lekston A, Zubelewicz-Szkodzińska B, et al. Association between multimorbidity and mean platelet volume in diabetic patients with acute myocardial infarction Acta Diabetol. 2018; 55(2): 175–183. 10.1007/s00592-017-1079-6

Q-2: In method, in definition of DM and HTN you mentioned that: “ Hypertension was defined as a blood pressure of 140/90 mmHg or if the patient was on antihypertensive medication. Diabetes mellitus was defined as a fasting blood glucose of > 126 mg/dl on two measurements, or if the patient was treated with insulin or oral hypoglycaemic medication”.Certainly, the majority of heart failure patients are on ACE and ARB and recently on ARNI group of drugs without any known previous hypertension. Also, insulin resistance and temporary hyperglycemia is a known process after any cardiac surgery, Therefore this group of patients couldn’t be considered as diabetic, although glucose intolerance and temporary insulin resistance.

R-2: There is no patients with on ACE inhibitors and ARB and on ARNI group of drugs for heart failure in this study. Any antihypersensive medication were not for heart failure. So all antihypersensive medication were for hypertension. Also the patients with fasting blood glucose of > 126 mg/dl on two measurements preopertaivelly or if the patient was on insulin or oral hypoglycaemic medication preoperativelly, they were accepted as diabetic. So we did not consider to postopertave blood glucose level for diagnosis of diabet.

Q-3: Altogether, english is very poor and full of grammatical and spelling mistakes which aren’t negligible and should be revised by anyone expert in scientific writing. Some of these mistakes:
In method, line 5, whose is incorrect and who is correct.
In method, 2nd paragraph, line 2, “ ..... were included in the exclusion criteria”.
This is a bizzare statement and it would be better to say ..... excluded from this study”.
In method, 3rd paragraph, “ thorax tubbe “ is unusual and uncoventional , so chest drainage tube is more acceptable.
In disscussion, line 24, clopidorel, clopidogrel is correct.

R-3: The manuscript was revised in terms of grammatical and spelling mistakes by anyone expert in scientific writing.

Reviewer- 2

Q-1: I don't found any documented relationship between mpv and pleural effusion despite minor revision by author

R-1: There is no enough scientific document related to relationship between MPV and hemorrhagic pleural effusion in the literature. Therefore this relationship can be incidentally. Additionally this situation is defined as incidentally in the manuscript.

Associate Editor:

Q-1: needs still more revision according to the reviewers' comments.

R-1: More revision was performed according to the reviewers' comments.

Q-2: still need major scientific writing and English editing

R-2: Scientific writing and English editing was performed by anyone expert in scientific writing.

Q-3: need to mention that this relationship can be as an incidental findings

R-3: Relationship between MPV and hemorrhagic pleural effusion is defined as incidentally in the manuscript.

OPEN PEER REVIEW

Revision (2)

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

REFEREE: Reviewer | **Revision** (2) 27 May 2018

Dear AE,
Although it is an interesting clinical finding it is not indication to increase pvm due to increased tendency for thrombosis.
Thanks.

REFEREE: Reviewer | **Revision** (2) 29 May 2018

Dear AE,
Thanks for addressing the mentioned issues.
Altogether, is better although there are still some mistakes.
Kolestrol in Tables should be corrected and replaced bycholesterol.
Thanks.

REFEREE: Associate Editor | **Revision** (2) 30 May 2018

Dear EIC,
Thanks for sending this paper.
The relationship between high mean platelet volume and some postoperative complications after cardiac surgery has been shown previously such as graft failure or some bleeding complications after transcatheter aortic valve implantation or even new onset of atrial fibrillation. This study is interesting because it shows a parameter of a simple and routine lab test (CBC) can be used as a marker for a relatively common postoperative complication of pleural effusion .nevertheless it doesn't change the routine practice.
Regarding English writing some revision is needed by an expert, otherwise, it is informative and helpful although it may not have an effect on routine practice.
Regards

REFEREE: EIC | **Revision** (2) 30 May 2018

Dear Authors,
Thank you for your interesting manuscript and sorry for the prolonged review process,
Your potentially accepted manuscript needs good English editing that can be done by the journal's technical editor.

However, you need to add a study limitation section at the end of the discussion part or simply add some sentences in the discussion section to emphasize that the study finding has no significant clinical importance and may not change the routine clinical practice and it may be as incidental findings.

Kind Regards

OPEN PEER REVIEW

Revision (3)

Reply to Reviewers

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

Dear Editor and reviewers:

We would like to send a manuscript entitled “Relationship Between The Pleural Effusion And Mean Platelet Volume After Coronary Artery Bypass Graft” for possible publication in the Multidisciplinary Cardiovascular Annals.

This manuscript needs to minor revision according to reviewers. Therefore we corrected this, according to your suggestion.

We would like to thank you for your effort during the evaluation process and hope you will find our manuscript publishable.

Reviewer -1:

We have not any requirement to increase MPV for tendency to thrombosis.

Reviewer -2

Kolestrol in tables was corrected and replaced by cholestrol.

Associate Editor:

1- English editing was performed by an international editing and proofreading service for english documents.

2- “The study findings may be seem interesting, but have no significant clinical importance and may not change the routine clinical practice and it may be as a incidental findings.” was added to study limitation section.

Editor-in-Chief:

1- English editing was performed by an international editing and proofreading service for english documents.

2- “The study findings may be seem interesting, but have no significant clinical importance and may not change the routine clinical practice and it may be as a incidental findings.” was added to study limitation section.

OPEN PEER REVIEW

Revision (3)

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

REFEREE: EIC | **Revision** (3) 11 Jun 2018

Dear Authors,
Thank you for taking your time to submit the manuscript and also revising it carefully for three times. The manuscript is approved by the editorial board and is ready for publishing in the near future.
regards