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HASIL PENILAIAN SEJAWAT SEBIDANG ATAU PEER REVIEW
KARYA ILMIAH: JURNAL ILMIAH

Judul Artikel Ilmiah : Pneumorrhachis and Hyponatremia After a Neck Hack - A Case Report
Penulis Artikel Ilmiah : 5 orang
Status Pengusul : Penulis pertama/penulis anggota/penulis korespondensi
Identitas Jurnal Ilmiah : a. Nama Jurnal : International Journal of Surgery Case Reports
b. Nomor/Volume/Hal : Vol. 68/Hal 174-177
c. Edisi (bulan/tahun) : 2020
d. Penerbit : Elsevier Ltd
e. Jumlah halaman : 4 halaman
f. DOI artikel (Jika ada) : <https://doi.org/10.1016/j.ijscr.2020.02.063>
g. Alamat web Jurnal : <https://www.sciencedirect.com/science/article/pii/S2210261220301371>
h. Terindeks di : SQOPUS (Q3) SJR 0,232
i. Link turnitin : https://doc-pak.undip.ac.id/3760/1/MTA_Turnitin_Pneumorrhachis.pdf

Kategori Publikasi Jurnal Ilmiah : ☒ Jurnal Ilmiah Internasional
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I. Hasil Penilaian Peer Review

Komponen Yang Dinilai	Nilai Maksimal Karya Ilmiah (isikan kolom yang sesuai)			Nilai Akhir Yang Diperoleh
	Internasional	Nasional Terakreditasi	Nasional tidak Terakreditasi	
	40			
a Kelengkapan dan Kesesuaian unsur isi artikel (10%)	4			3,5
b Ruang lingkup dan kedalaman Pembahasan (30%)	12			11,5
c Kecukupan dan Kemutakhiran data/informasi dan metodologi (30%)	12			10,5
d Kelengkapan unsur dan kualitas penerbit (30%)	12			11
Nilai Total = (100%)	40			36,5
Nilai pengusul			40% x 36,5/4 =	3,65
KOMENTAR/ULASAN PEER REVIEW				
a. Kelengkapan dan kesesuaian unsur isi artikel	Abstrak, pendahuluan, laporan kasus, pembahasan, simpulan, dikemukakan runtut sesuai judul dan tujuan penulisan, hanya pendahuluan sebagai latar belakang penulisan terlalu singkat. Pembahasan mensitasi 19 pustaka, namun beberapa > 10 tahun, meskipun masih relevan			
b. Ruang lingkup dan kedalaman pembahasan	Laporan kasus yang dipresentasikan sesuai dengan ruang lingkup keilmuan pengusul, tentang cedera/trauma pada leher dan penanganannya, yang dibahas secara luas dan jelas dengan gambar-gambar lengkap dengan keterangannya dengan mensitasi pustaka yang relevan			
c. Kecukupan dan Kemutakhiran Data dan Metodologi	Satu laporan kasus tentang cedera leher yang menyebabkan Pneumorrhachis dan Hyponatremia, merupakan kasus yang kompleks yang telah diuraikan dengan jelas			
d. Kelengkapan unsur dan kualitas penerbit	International Journal of Surgery Case Reports merupakan jurnal internasional terindeks scopus (Q3) dengan SJR 0.23. Indeks kemiripan 6%.			

Semarang, 19 Januari 2021
Penilai 1

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Bidang Ilmu : Ilmu Kedokteran
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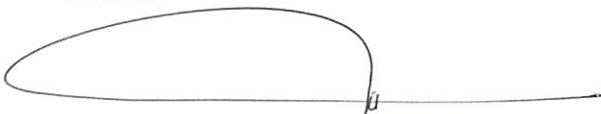
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	40			
a Kelengkapan dan Kesesuaian unsur isi artikel (10%)	4			3,5
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c Kecukupan dan Kemutakhiran data/informasi dan metodologi (30%)	12			9
d Kelengkapan unsur dan kualitas penerbit (30%)	12			11,0
Nilai Total = (100%)	40			35,5
Nilai pengusul			40% x 35,5/4 =	3,55
KOMENTAR/ULASAN PEER REVIEW				
a. Kelengkapan dan kesesuaian unsur isi artikel	Structure of article lengkap. Introduction-Case Presentation-Discussion-Conclusion-References. Terdapat kesesuaian dengan structure article, introduction sangat singkat.			
b. Ruang lingkup dan kedalaman pembahasan	Kedalaman diskusi terhadap kasus yang dipresentasikan dan akibat trauma pada leher dibahas dengan cukup baik secara ilmiah dengan mensitasi sumber-sumber Pustaka yang baik. Dari 19 references majority adalah journal < 10 tahun.			
c. Kecukupan dan Kemutakhiran Data dan Metodologi	Merupakan case report 1 pasien kasus trauma pada leher yang mengakibatkan Pneumorrhachis and Hyponatremia.			
d. Kelengkapan unsur dan kualitas penerbit	International Journal of Surgery Case Reports merupakan jurnal internasional terindex scopus Q3 dengan SJR 0.23 oleh Elsevier yang mempublikasikan khusus case report pada kasus bedah. Indeks kemiripan 6%.			






Semarang, 23 Desember 2020
Penilai 2



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International Journal of Surgery Case Reports Open Access
Volume 68, 2020, Pages 174-177

Pneumorrhachis and hyponatremia after a neck hack—A case report (Article) (Open Access)

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Abstract

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Introduction: Penetrating cervical spinal cord injury (SCI) is a rare clinical entity that requires a multitude of health care specialists for proper management. The unpredictable nature of penetrating SCI and complex systemic sequela contribute to the high mortality rates of penetrating SCI. Presentation of case: An 18-year-old-male patient was admitted to the emergency department with tetraparesis following a penetrating injury to the neck. Radiological examination revealed fractures of C4 and C5 spinous processes and extensive intradural pneumorrhachis. The patient was managed operatively with laminectomy, vertebral augmentation, and duroplasty. An acute decreased level of consciousness was observed four days after the operation. Laboratory investigation revealed critically low plasma sodium level. The patient remained decerebrated despite electrolyte correction and pronounced brain dead on the seventh postoperative day. Discussion: Metabolic derangements and pulmonary physiologic changes following trauma are lethal complications. Hyponatremic encephalopathy and disrupted pulmonary function caused by high cervical compression by the extensive pneumorrhachis contributes to the morality in this case report. Conclusion: This case report presents a rare clinical entity along with its' complications. Prompt clinical stabilization, strict biochemical monitoring, and multidisciplinary care from health care specialists are mandatory for SCI patients. © 2020 The Authors

SciVal Topic Prominence ⓘ

Topic: Pneumomediastinum | Pneumorachi | Subcutaneous Emphysema

Prominence percentile: 74.884 ⓘ

Author keywords


Cervical Penetrating Pneumoccele Pneumorrhachis Spinal cord injury

Indexed keywords

EMTREE drug terms: antibiotic agent sodium

EMTREE medical terms: adult antibiotic therapy Article artificial ventilation case report cervical spine fracture cervical spine injury cervical spine radiography clinical article consciousness level debridement decerebration human hyponatremia laminectomy male penetrating trauma pneumorachis priority journal quadriplegia skin injury sodium blood level spinous process subcutaneous emphysema young adult

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Treatment of an intraarticular comminuted fracture of the base of the proximal phalanx in a ring finger using the Ichi-Fixator external fixator system: A case report

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ARTICLE INFO

Article history:

Received 16 October 2019

Received in revised form 7 February 2020

Accepted 10 February 2020

Available online 13 February 2020

Keywords:

Metacarpophalangeal joint

External fixator

Intraarticular fracture

Comminuted fracture

ABSTRACT

INTRODUCTION: Comminuted fractures involving the articular surface of the base of the proximal phalanx are relatively rare. We treated a patient with this type of fracture by open reduction and internal fixation with a locked-wire-type external fixator (Ichi-Fixator System).

PRESENTATION OF CASE: A 45-year-old man was injured because his ring finger was kicked during a Futsal game. Radiographs and computed tomography revealed a comminuted intraarticular fracture of the proximal phalanx of this ring finger. We treated the fracture with open reduction and K-wires and external fixation. We removed the K-wire and external fixator 5 weeks postoperatively and initiated range of motion exercises. Five months postoperatively, his finger motion was fully recovered without restriction.

DISCUSSION: Comminuted intraarticular fractures of the base of the proximal phalanx are usually treated with plating. Complications such as interference with excursion of the central slip and lateral bands, extensor tendon rupture, and plate prominence have been reported in these fractures. In our patient, the Ichi-Fixator System was useful as a distraction apparatus for metacarpophalangeal joint fixation.

CONCLUSION: A comminuted intra-articular fracture of the base of the proximal phalanx was treated successfully using the Ichi-Fixator system.

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1. Introduction

Fractures of the lateral volar base of the proximal phalanx are common injuries and usually represent with collateral ligament avulsion injuries. In contrast, comminuted fractures involving the articular surface of the base of the proximal phalanx are relatively rare and usually represent as a volar base fracture with a central depression of the articular surface. Failure to reduce and secure the fracture leads to persistent subluxation, articular incongruity, and post-traumatic arthritis. These fractures are generally approached through a dorsal extensor-tendon-splitting incision [1] or volar A1 pulley approach to visualize the articular surface [2]. Most commonly, a significantly-sized palmar-ulnar or palmar-radial fragment exists, and fixation can be accomplished with a minicondylar plate or K-wires. We experienced a patient

with a comminuted intraarticular fracture of the base of the proximal phalanx, which we treated by open reduction and internal fixation with a locked-wire-type external fixator (Ichi-Fixator System (IFS); Neo-medical, Saitama, Japan) [3,4]. The work has been reported in line with the SCARE criteria [5].

2. Case report

A 45-year-old man presented to our hospital because of a ring finger injury. One day earlier, he played Futsal as a goalkeeper, when another player accidentally kicked the patient's ring finger while the patient was saving the ball. At presentation, his ring finger was swollen without a wound. Plain radiographs showed a comminuted intraarticular fracture of the base of his ring finger proximal phalanx (Fig. 1). Computed tomography revealed a comminuted fracture with articular depression of a fragment of the proximal phalangeal base (Fig. 2). We explained that closed reduction and conservative treatment would be failed. The patient chose operative treatment. Surgery was performed 10 days after his first visit. We approached the fracture site via dorsal extensor-tendon-

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The infected hematometra in a rudimentary noncommunicating horn misdiagnosed as pelvic mass: A case report

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ARTICLE INFO

Article history:

Received 8 December 2019

Received in revised form 17 January 2020

Accepted 27 January 2020

Available online 11 February 2020

Keywords:

Hematometra

Non-communicating

Rudimentary horn

Müllerian anomaly

Case report

ABSTRACT

INTRODUCTION: The rudimentary noncommunicating horn with a functional endometrial cavity is rare and often challenging to diagnose because of the variety in clinical features. We present a case of a patient for whom the diagnosis of a uterine horn was missed during the prior cesarean section, which later successfully treated with robotic-assisted laparoscopic removal of a rudimentary noncommunicating horn of uterus and ipsilateral tube.

PRESENTATION OF CASE: A 20-year old woman, gravida 3 para 2, presented with a complaint of acute and severe pelvic pain with fever. Multiple imaging modalities of pelvis and abdomen showed an 8 cm right-sided pelvic mass with a tubular structure adjacent to the uterus. The pelvic inflammatory disease was diagnosed and treated with intravenous antibiotics. After reviewing multiple radiology images, Müllerian anomaly was suspected, and the rudimentary horn with the fallopian tube was confirmed via diagnostic hysteroscopy and laparoscopy. Subsequently, robotic-assisted laparoscopic removal of the right horn with the fallopian tube was performed.

DISCUSSION: Assessment of a rudimentary noncommunicating horn with unicornuate uterus can be achieved by several radiology methods, including computed tomography, magnetic resonance imaging, two and 3-dimensional ultrasonography, hysterosalpingogram, and sonohysterography. In addition, evaluation of concomitant skeletal and renal anomalies is essential in enhancing diagnostic accuracy. In our case, the Müllerian anomaly with delayed onset complications was diagnosed by multiple imaging studies and treated successfully.

CONCLUSION: The early and correct diagnosis of the Müllerian anomaly remains difficult but essential as misdiagnosis can be associated with serious complications in patients.

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1. Introduction

Congenital abnormalities of the Müllerian ducts are relatively common and contribute to complications in obstetrics and gynecology. A unicornuate uterus is caused by a failure of development in one Müllerian duct and frequently present with a rudimentary horn [1]. Most rudimentary horns are asymptomatic when the endometrium is both non-functional and noncommunicating [2]. However, rudimentary horns with a functional endometrial cavity can cause chronic pain, dysmenorrhea, and endometriosis, and they are often difficult to diagnose by noninvasive means [3]. Therefore, proper preoperative diagnosis and surgical treatment are essential to prevent serious complications in the future as well as to provide symptomatic relief to patients. We present the case of a patient for whom the diagnosis of a uterine horn was missed during the

prior cesarean section, and we successfully treated with robotic-assisted laparoscopic removal of a rudimentary noncommunicating horn and ipsilateral tube causing severe pelvic pain. The case report described here is in line with the SCARE criteria [4].

2. Presentation of case

A 20-year-old woman, gravida 3 para 2, presented to the emergency department with acute and severe pelvic pain with fever 38.3 °C (101 °F). Her gynecologic and obstetrical history consisted of one cesarean section due to preterm prelabour rupture of membranes and increased fetal risk at 35 week-gestation in 2011. Her second pregnancy in 2013 was a successful vaginal birth after the cesarean section at 37 week-gestation. Then, the patient was treated for chlamydia infection about three months after her last delivery. She endorsed cyclic pelvic pain, particularly at the time of her regular menses. A patient denied any significant medical and family history.

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