

Thank you for inviting me to review this article. I'm confused that there were two abstracts, table 1 and table2. The abstract was not consistent with the manuscript. There may be significant error during the submission. I suggest to resubmit this article for further review.

Question 1: For the abstract of "Postoperative hypotension may increase cardiovascular complications: a systematic review", the results and the conclusion was contradictory.

Question 2: For the manuscript "Intraoperative hypotension was associated with postoperative pneumonia in patients after selective intracranial tumor resection: a retrospective cohort study".

This was a well designed study, hypotension affects organ perfusion, previous studies mainly focused on the relationship between acute kidney injury, myocardial complications, stroke, delirium and intraoperative hypotension, this study provided evidence of the association between intraoperative hypotension and postoperative pneumonia.

In line 42-44: From this study, we just concluded that there was relationship between intraoperative hypotension and postoperative pneumonia, we can not conclude that Intraoperative hypotension was associated with an increased risk of postoperative pneumonia.

Line 89: The approval date should be indicated. The CONSORT checklist also should be provided.

Line 102: Since all patients were underwent general anesthesia, what dose the method of anesthesia mean?

Line 102-103: Protective pulmonary ventilation has significant impact on postoperative pulmonary complications, there has impact on the result of this study when intraoperative ventilation strategy were determined by attending anesthesiologists.

Line 106-108: Please provide the criteria of patients admitted to PACU or ICU after surgery.

Line 118: hypoproteinemia should be anemia?

Line 135-140: Should every patients undergo chest x-ray or CT examination if there has not symptoms of pneumonia?

Line 151-155: The figure 1 was incorrect?

Line 151-152: Patients were enrolled between April 1, 2015, and June 30, 2018. But in line 93-94, patients were enrolled between January 1, 2018, and December 31, 2022.

Table 2: Minute ventilation, should be tidal volume?

Table 2: The data unable to reflect the duration of hypotension, I suggest using more accurate methods to record hypotension, such as total duration of hypotension, area under the curve (AUC) of hypotension.

In results section: The intraoperative fluid infusion was associated with postoperative pneumonia, as well as the intraoperative inotropic drugs usage. More indicators should be included in this study.

In discussion section: The more updated literature should be cited, the relationship between hypotension and postoperative pneumonia should be discussed in detail.

In summary, this was retrospective study, some of the content seems to be another study, the authors should modify the submitted content. For the manuscript "Intraoperative hypotension was associated with postoperative pneumonia in patients after selective intracranial tumor resection: a retrospective cohort study". More data which may leading postoperative pulmonary complications should be collected and analyzed.