

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 71514

Title: Idiopathic membranous nephropathy in children: A case report

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06149473

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: France

Author's Country/Territory: China

Manuscript submission date: 2021-09-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-09-12 06:22

Reviewer performed review: 2021-09-12 06:36

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The occurrence of Idiopathic MN is indeed rare. Reporting this case could be of interest. However, i think the authors should detail their medical checkup regarding idiopathic MN (serologies, CT-scan results, etc), and maybe provide histological images to illustrate their case. The long-term follow-up of this child could also be precised.

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Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06126267

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2021-09-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-09-10 17:11

Reviewer performed review: 2021-09-18 17:39

Review time: 8 Days

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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SPECIFIC COMMENTS TO AUTHORS

- the child described was treated with cyclophosphamide (CTX) pulse therapy after diagnosis of corticoreistant nephrotic syndrome , but CTX is a drug used mainly in steroid dependent nephrotic syndrome. could you explain the raisons of the utilize of thi drug? -a complement study was not indicated in the initial assessment of the child with steroid resistant nephrotic syndrome.

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Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03340938

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Poland

Author's Country/Territory: China

Manuscript submission date: 2021-09-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-09-10 15:18

Reviewer performed review: 2021-09-19 17:21

Review time: 9 Days and 2 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The Authors reported a case of a 7-year-old boy with steroid-resistant nephrotic syndrome (SRNS). After kidney biopsy, idiopathic membranous nephropathy (IMN) was diagnosed. The article is interesting and deserves attention. IMN is rare in children. There are not recommendations on IMN therapy in children. However, the paper needs revision. 1. Data concerning the presented case are scarce. The Authors should add information about the patient's weight and height in both hospitals. What were the total daily doses of prednisone and methylprednisolone (as pulses) in the first hospital? The sentence" (...) pulse therapy (8 mg/kg each time, two times every two weeks)" isn't precise. Did the patient have leukocyturia and hematuria at admission to the first hospital? What about edema? Were they stable during the time of observation? Additional laboratory data: What tests were performed to exclude secondary MN? Were autoantibodies to the M-type phospholipase A2 receptor (PLA2R) in the patient's serum determined? At admission and during follow-up? On what did the authors base their decision to treat with Tacrolimus and its dose? Was the patient treated with Tacrolimus only or also with steroids? 2. The Authors stated: "As a rare cause of nephrotic syndrome (NS) in children, idiopathic membranous nephropathy (IMN) may progress to chronic kidney disease (CKD) and even end-stage renal disease." Please add some references. Was kidney function normal and stable in the presented case? 3. The Authors didn't present other described cases of children with IMN. Only one article was mentioned (ref. no 11). 4. In discussion, possible therapeutic strategies in children with IMN should been discussed. 5. The conclusions didn't appropriately summarize the data that the study provided. The diagnosis of MN was made on the basis of a renal biopsy. That fact was not underlined in conclusions. On the other hand, "the possibility

of progressing to CKD” is mentioned. It didn’t correspond to the case. 6. Table 3 needs modification. Primary nephrotic syndrome can be steroid-resistant also. It is not the same as MCD. 7. References are given improperly. For example, ref. [1]: Luisa, Albina etc. are first names. The same concerns ref. [3]

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Peer-review model: Single blind

Reviewer's code: 05532383

Position: Peer Reviewer

Academic degree: MBBS, MPhil

Professional title: Academic Research, Associate Professor

Reviewer's Country/Territory: Bangladesh

Author's Country/Territory: China

Manuscript submission date: 2021-09-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-09-16 13:27

Reviewer performed review: 2021-09-25 04:35

Review time: 8 Days and 15 Hours

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SPECIFIC COMMENTS TO AUTHORS

Dear author, I would like to thank for your effort and bringing up this interesting finding to the scientific community. I have gone through the manuscript and suggest some minor corrections. The errors and comments are marked in the text.