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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 72836

Title: Endoscopic classification and pathological features of primary intestinal lymphangiectasia

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05975745
Position: Editorial Board
Academic degree: PhD
Professional title: Professor
Reviewer's Country/Territory: India
Author's Country/Territory: China

Manuscript submission date: 2021-11-02

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-03 03:45

Reviewer performed review: 2021-11-03 03:52

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No

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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

1. Authors can refer to some latest related works from reputed journals like IEEE/ACM Transactions, Elsevier, Inderscience, Springer, Taylor & Francis, etc. 2. Include some recent references. 3. Try to concise the conclusion. 4. Discuss the future plans with respect to the research state of progress and its limitations. 5. Number the papers in the reference and cite all the papers in the reference into the body of the paper.

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Peer-review model: Single blind

Reviewer's code: 03731081
Position: Peer Reviewer
Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Russia

Author's Country/Territory: China

Manuscript submission date: 2021-11-02

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-02 17:35

Reviewer performed review: 2021-11-03 11:19

Review time: 17 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No

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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors of the manuscript were the first to create an endoscopic classification of a rare disease - primary intestinal microlymphoangioectasia (Waldmann-Gordon enteropathy). Endoscopic classification was confirmed by contrast radiographic computed tomography and histological method. Symptoms for this disease are detailed. The manuscript is of great importance for the progress of the diagnosis of Waldman-Gordon enteropathy. The article is recommended for publication in WJG.

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PEER-REVIEW REPORT

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Title: Endoscopic classification and pathological features of primary intestinal lymphangiectasia

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Peer-review model: Single blind

Reviewer's code: 06106956
Position: Peer Reviewer
Academic degree: MBBS
Professional title: Assistant Professor
Reviewer's Country/Territory: Saudi Arabia
Author's Country/Territory: China

Manuscript submission date: 2021-11-02

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-05 11:23

Reviewer performed review: 2021-11-14 10:18

Review time: 8 Days and 22 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors submitted a retrospective cross-sectional study entitled Endoscopic classification and pathological features of primary intestinal lymphangiectasia Although the data presented is robust and of high scientific value especially considering the rarity of the disease being studied and the scarcity of publications on it, I have some comments and issues that need to be addressed to help elevate the quality of the submission. 1. I have reservations on classifying the disease itself based on the endoscopic classification postulated herein. Firstly, this is not a prospective study, so it inherently lacks the evidence-based ability to evaluate whether differences exist in disease outcomes, response to treatment, short-term and long-term prognosis and relapse rates among the different sub-classes postulated. Secondly, the postulated classification is not backed by any animal models, molecular or genotypic basis to confirm or refute whether there are true distinct phenotypes of PIL. Thirdly, while there is a significant difference in age, lymphocytic count and IgG levels between different groups, there seems to be an overlap in the clinical, biochemical, imaging, and histological data among the sub-classes of the present study. Henceforth, one could argue that the 4 distinctive phenotypic appearances are simply endoscopic variations of the same disease (maybe at different stages?) in the same vein as the different endoscopic findings of eosinophilic esophagitis. Furthermore, the imaging and pathologic findings seem to dichotomize into two distinctive patterns, with the nodular and granular types sharing the same features (in one group), while the vesicular and edematous types on the other. Lastly, the number of cases with the vesicular subtype is small to draw accurate conclusions from. With that said, I still believe the data presented

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here is significant and very useful to clinicians when scoping patients with suspected PIL. I suggest to either include my aforementioned points as limitations in the discussion, or simply reword the entire submission to reflect that. For example, in the introduction, instead of "PIL patients can be classified into four types according to the manifestations of intestinal mucosa under endoscopy" I suggest writing "There are four distinct endoscopic features of PIL". 2. In the results of the abstract section the authors mentioned "lymphangiectasia involved the entire layer of mucosa, while ectasia of vesicle-type and edema-type lymphatic vessels largely involved the lamina propria mucosae, submucosae, and muscular layers, which were the same as that under endoscopy" how can they explain that statement? Because endoscopic examination is limited to the mucosa only. 3. In the clinical characteristics of the results section the authors mentioned the median age at diagnosis which seems to be late. How can they explain whether it is still primary versus secondary lymphangiectasia, given that PIL commonly presents in the pediatric age group. 4. In the same subsection, the authors mentioned "and 17.7% (17/96) had unilateral limb edema and bilateral edema:" how can they explain this sentence? How can the authors explain the presence of both unilateral and bilateral edema at the same time? 5. I suggest using more specific keywords instead of "pathology", "classification", and "imaging" 6. The figures look good, but in the figure legend, there needs to be a description of what do the arrows indicate. Also, all abbreviations must be spelled out. 7. For the table, I suggest enlarging the font to make it more legible. Units of measure need to be included for laboratory data. I also suggest including lymphocyte percentage or total leukocyte count. Because baseline leukocyte count could be different across different groups which could explain the difference in the absolute lymphocyte count. 8. References look good and are recent for the most part. 9. The overall quality of writing is good. But need some editing including unification of nomenclature. For example, "granular type" was used in the text but then was described

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as “grain" type in some figures and “particle” in the table. I have included some comments on word choices throughout the manuscript. These are personal opinions.

10. In several places throughout the manuscript, the authors mention “placenta percreta” which I assume they meant “serosal layer”.

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RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 72836

Title: Endoscopic classification and pathological features of primary intestinal lymphangiectasia

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06106956
Position: Peer Reviewer
Academic degree: MBBS
Professional title: Assistant Professor
Reviewer's Country/Territory: Saudi Arabia
Author's Country/Territory: China

Manuscript submission date: 2021-11-02
Reviewer chosen by: Jia-Ping Yan
Reviewer accepted review: 2022-01-14 17:56
Reviewer performed review: 2022-01-17 17:56
Review time: 2 Days and 23 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[Y] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

Thank you for submitting the revised manuscript with appropriate edits and changes. It does look dramatically better, however there were some spacing errors that I have fixed in the attached file. And finally, the total leukocyte counts were not added to table 1 as per previous comments of my review unless the authors believe the total leukocyte counts are of no added value.