

Round 1

Reviewer #1: 06106956

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

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 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”.

Reply:

Thank you for your remind. We correct this in the revised manuscript.

The corresponding revision is on Page 5, Line 14.

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.

Reply:

Thank you for your remind. We correct this in the revised manuscript.

The corresponding revision is on Page 3.

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.

Reply:

PIL generally presents early in childhood: most diagnoses being made before the age of 3 years. However, some individuals can present later in childhood or even as adults. The study included a larger number of people, with an age span of 0 to 68 years, and more individual cases reported in previous studies.

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?

Reply:

Thank you for your remind. We correct this in the revised manuscript.

The corresponding revision is on Page 9.

5. I suggest using more specific keywords instead of “pathology”, “classification”, and “imaging”.

Reply:

Thank you for your remind. We correct this in the revised manuscript.

The corresponding revision is on Page 4.

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.

Reply:

Thank you for your remind. We correct this in the revised manuscript.

The corresponding revision is on Page 20 and 22.

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.

Reply:

Thank you for your remind. We correct this in the revised manuscript.

The corresponding revision is on Page 18 and 19.

8. References look good and are recent for the most part.

Thank you for your comments concerning our manuscript.

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 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.

Reply:

Thank you for your remind. Based on the comments, change all the names in the article to uniform names.

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

Reply:

Thank you for your remind. Based on the comments, change all the names in the article to uniform names.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

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.

Thank you for your comments concerning our manuscript.

Reviewer #3:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

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.

Thank you for your remind. Adjustments have been made in the paper.

2. Include some recent references.

Thank you for your remind. Adjustments have been made in the paper.

3. Try to concise the conclusion.

Thank you for your remind. We correct this in the revised manuscript. The corresponding revision is on Page 15 and 16.

4. Discuss the future plans with respect to the research state of progress and its limitations.

Thank you for your remind. We correct this in the revised manuscript. The corresponding revision is on Page 15.

5. Number the papers in the reference and cite all the papers in the reference into the body of the paper.

Thank you for your remind. Adjustments have been made in the paper.

Round 2

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.

Response: 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. Reply: Most of the patients had a history of using antibiotics before coming to our hospital, so the total leukocyte counts were not included in this study.