

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 73581

Title: Primary Intestinal Lymphangiectasia presenting as limb Convulsions: a case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05823291

Position: Peer Reviewer

Academic degree: PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Pakistan

Author's Country/Territory: China

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Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-07 07:35

Reviewer performed review: 2021-12-10 18:43

Review time: 3 Days and 11 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input 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 Grade E: Do not publish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
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

the manuscript entitled "Primary Intestinal Lymphangiectasia presenting as limb Convulsions: a case report" represent a brief report with sufficient discussion. The title reflects the main subject but similar titles are present in literature. The introduction section is very brief and requires more specific information. the concluision of the study is not specific and seems like results. keywords are also not specific. incomplete information has been given at several points such as :: patient was healthy in past" but no information for how ling. Different figures can be grouped together. figure legends needs brief heading as given in figure 2. more pictorial representation is required

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Reviewer's code: 04022823

Position: Peer Reviewer

Academic degree: FEBG, MD, MSc

Professional title: Consultant Physician-Scientist, Doctor

Reviewer's Country/Territory: Greece

Author's Country/Territory: China

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Reviewer chosen by: Qi-Gu Yao (Online Science Editor)

Reviewer accepted review: 2022-01-19 05:43

Reviewer performed review: 2022-01-20 11:56

Review time: 1 Day and 6 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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SPECIFIC COMMENTS TO AUTHORS

This is a case report of a man presenting with limb convulsions and with laboratory markers of hypoproteinemia, hypoalbumenemia, hypocalcemia, hypomagnesemia, lymphopenia. Further investigation revealed increased parathyroid levels, decreased vit D, hypimmunoglobulenemia and positive fecal occult blood test in order to follow a further exploration. The presence of hypocalcemia and hypomagnesemia it seems to be compatible with the patient's presenting symptoms as it is verified by the remission after supplemented with calcium gluconate and potassium magnesium aspartate. These findings would probably generated the parathyroid and vit D assays and the imaging of the parathyroid gland which set forward a possible hyperparathyroidism due to increased parathyroid hormone and a hypo echoic nodule in the gland. The hypoalbumenia, hypoproteinemia and hypocalcemia made the impression that there might be a kidney dysfunction with urine protein loss and secondary hyperparathyroidism but this kidney injury was not verified by kidney function tests and increased parathyroid hormone returned to normal after correction of hyporcalcemia, pointing to a secondary cause for hyperparathyroidism. In that case, if there is also no hepatic dysfunction, one should focus on protein losing enteropathy which includes a variety of possible causes that need to be examined. For the differential diagnosis at this point one should include a gastroscopy and colonoscopy, possibly antibodies for celiac disease, $\beta 2$ microglobulin for heamopoietic tumors, assays for giardia, acid Schiff for Whipple, a cardiac triplex to check for pericardial effusion, an MRI enterography to check for possible small bowel pathology etc with prioritization depending on the results of the ensuing laboratory examinations. Instead there are



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inaccurate reports for “ blood IBD” ? or “stool IBD” ? screening (maybe calprotectin?) and for MRI examination of an unspecified anatomy. There is no proper justification for the parathyroid nodule. Furthermore there is no temporal determination of the second battery of laboratory tests in the line of events during patient’s exploration. In text there is no description of the endoscopic findings but from the pictures it seems that there are scattered white spots on the mucosa. Biopsies showed that these are compatible with lymphatic dilatation but this is a conclusion that follows biopsies. Finally there should have been a sequence where by excluding IBD, celiac, infections, lymphoma and rheumatic diseases and by showing compatible endoscopic, pathologic and further laboratory clues (like CD4 lymphopenia, lack of fat soluble vitamins, hypogammaglobulinemia etc) one would have been driven to the most appropriate diagnosis which is primary intestinal lymphangiectasia which is rare in adult population with no apparent symptoms of leg edema or diarrhea. In conclusion there should be a more appropriate presentation showing the differential diagnosis and the mentality that provoked the medical actions as well as the sequence of patient’s handling by the responsible physician. There is repetition in the first and second paragraph of Discussion section of aforementioned text. There are abbreviations not properly explained as well as syntax and grammatical errors scattered in text. Furthermore one could point out the rarity of this clinical condition, the wide array of possible diagnosis which are relatively not straight forward and the necessity for vigilance even when the symptomatology is subtle.