

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 73940

Title: Myocarditis as an extraintestinal manifestation of ulcerative colitis: A case report

and review of the literature

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05395902

Position: Editorial Board

Academic degree: MD

Professional title: Assistant Professor

Reviewer's Country/Territory: South Korea

Author's Country/Territory: China

Manuscript submission date: 2022-01-02

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-02 01:58

Reviewer performed review: 2022-01-02 02:04

Review time: 1 Hour

| Scientific quality | [] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [] Grade D: Fair [Y] Grade E: Do not publish |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 [] Major revision [Y] Rejection |
| Re-review | []Yes [Y]No |



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

SPECIFIC COMMENTS TO AUTHORS

The manuscript is overall well written. However, I think the scientific quality of this case report is insufficient for consideration of publication in WJG.



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Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05393250

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-01-02

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-04 04:46

Reviewer performed review: 2022-01-06 10:57

Review time: 2 Days and 6 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| Scientific quality | [] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish |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) [Y] Minor revision [] Major revision [] Rejection |
| Re-review | []Yes [Y]No |



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

SPECIFIC COMMENTS TO AUTHORS

This case report was well written, but myocarditis in UC was not very rare. What was the possibility of mesalamine inducing myocarditis? Was that first intake 2 weeks before fever and chest pain. Usually, intolerant symptoms occurs in 7-10 days from mesalamine initiation. Please describe the treatment and clinical course of UC. Was the patient received vaccine for SARS-CoV-2, recently?



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Peer-review model: Single blind

Reviewer's code: 00503545

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Director, Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-01-02

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-04 04:45

Reviewer performed review: 2022-01-09 08:43

Review time: 5 Days and 3 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 | []Yes [Y]No |



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

SPECIFIC COMMENTS TO AUTHORS

The authors present a case of a 15-year-old boy who presented with myocarditis as the initial presentation of a relapse of ulcerative colitis. Gastrointestinal symptoms of the patient were mild and he only had mild cardiac symptoms and minimal ventricular dysfunction except for acute chest pain, and therefore the authors propose that cardiovascular manifestations of IBD may be more common than clinically documented, since they may remain undiagnosed. This paper has been well written and the case is interesting. However, the author should address the following points. Major 1. The authors described in the section of discussion that "mesalamine was administered over a long duration without steroids and there were no notable previous adverse cardiac events.", "Our patient developed myocarditis after recovery from a gastrointestinal infection,", but they are not shown in the section of case presentation. Thus, I suggest that the authors should describe history of past and present illness of the patient in more detail. 2. I suggest that the authors should show the typical CMR findings of myocarditis as well as the criteria for diagnosis of myocarditis in detail. The authors also should explain the images of CMR in Figure 1 in an easy-to-understand manner with arrows. Minor 1. The image quality of Fig. 2 (especially Fig. 2B) appears to be poor for detailed evaluation.



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Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00038617

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Assistant Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-01-02

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-06 08:56

Reviewer performed review: 2022-01-10 15:34

Review time: 4 Days and 6 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) [Y] Minor revision [] Major revision [] Rejection |
| Re-review | [Y]Yes []No |



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

SPECIFIC COMMENTS TO AUTHORS

In this paper, the authors reported a 15-year-old boy who developed myocarditis as an extraintestinal manifestation (EIM) with the relapse of ulcerative colitis. They also reviewed the 21 patients with myocarditis associated with IBD that reported previously. As the authors described, myocarditis is very rare among the EIM of IBD. Thus, this paper has a clinical value. However, there are several problems to be reconsidered as follows. Comments) 1) Myocarditis in this patient developed consistent with the relapse of ulcerative colitis and improved consistent with the endoscopic improvement of ulcerative colitis. The authors should simply state that point, without saying that there was a discrepancy with the symptoms. The tedious description makes it difficult to understand. 2) In this patient, the presence or absence of a link between 5-ASA administration and myocarditis is important. Please state whether this drug was continuously administered during the improvement of myocarditis. The DLST result for 5-ASA should be presented. 3) In this paper, the description about the evaluation of myocarditis is insufficient. Ejection fraction (EF) of echocardiography should be presented. 4) In cardiac MR images, it is necessary to indicate an arrow at the site of abnormal findings. It is difficult to understand as it is. 5) In discussion, the authors described; the incidence rate ratio for developing myocarditis is 8.3 for CD and 2.6 for UC compared to the background population. What is the unit? Is it %?



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Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05842325

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Lecturer

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-01-02

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-02 02:30

Reviewer performed review: 2022-01-12 01:02

Review time: 9 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 | [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)[] Accept (General priority)[Y] Minor revision[] Major revision[] Rejection |
| Re-review | [Y]Yes []No |



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

SPECIFIC COMMENTS TO AUTHORS

The article entitled "Myocarditis as an extraintestinal manifestation of ulcerative colitis: A case report and literature review" have reported a rare case of ulcerative colitis with myocarditis as an extraintestinal manifestation. The case is certainly important and interesting, and seems to be worth reporting. The sentences are concise and easy to read. Major revision: There is no major revision. Minor revisions; Because diagnosis of myocarditis is difficult especially in an early stage, ECG and other cardiac enzymes, such as CK-MB or LDH, may help early diagnosis. So, please show these in case presentation.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00503545

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Director, Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-01-02

Reviewer chosen by: Jing-Jie Wang

Reviewer accepted review: 2022-03-29 10:03

Reviewer performed review: 2022-03-31 01:24

Review time: 1 Day and 15 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 |
| Peer-reviewer | Peer-Review: [Y] Anonymous [] Onymous |





statements

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

SPECIFIC COMMENTS TO AUTHORS

The manuscript has been significantly improved in the revised version.