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PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 76804

Title: Unusual presentation of Loeys-Dietz syndrome: A case report of clinical findings and treatment challenges

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04923165
Position: Peer Reviewer
Academic degree: MD
Professional title: Doctor
Reviewer's Country/Territory: Italy
Author's Country/Territory: Mexico

Manuscript submission date: 2022-04-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-23 10:22

Reviewer performed review: 2022-04-23 10:57

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Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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) [ ] 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

In the introduction the authors state that LDS is due tuo the involvement of TGFBR1 and TGFBR2 genes. In the abstract they say that there are 4 subtypes of this syndrome. Actually the subtypes are 6 and the genes involved are 6: Location Phenotype Inheritance Phenotype mapping key Phenotype MIM number Gene/Locus Gene/Locus MIM number 1q41 Loeys-Dietz syndrome 4 AD 3 614816 TGFB2 190220 3p24.1 Loeys-Dietz syndrome 2 AD 3 610168 TGFBR2 190182 9q22.33 Loeys-Dietz syndrome 1 AD 3 609192 TGFBR1 190181 14q24.3 Loeys-Dietz syndrome 5 AD 3 615582 TGFB3 190230 15q22.33 Loeys-Dietz syndrome 3 AD 3 613795 SMAD3 603109 18q21.1 Loeys-Dietz syndrome 6 AD 3 619656 SMAD2 601366 In the introduction the authors discuss the differential diagnosis with Marfan syndrome. They could add that in LDS there aren't the typical marfanoid habitus and the lens displacement. "Regardless, the findings should further understanding of the behavior of this disorder among the aortic disease management community, and as we continue to treat and study patients with LDS, this understanding will undoubtedly continue to evolve, resulting in further improved outcomes". This passage is not clear In the case report the authors must describe in detail the results of the genetic test. Which mutation? In which gene? Which methods? Which effects on the protein? Is the mutation pathogenic, likely pathogenic or of uncertain significance? It is important to discuss if the patient has other LDS signs (joint laxity? Typical facies?)

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Reviewer's code: 00233953
Position: Editorial Board
Academic degree: MD, PhD
Professional title: Professor
Reviewer's Country/Territory: United States
Author's Country/Territory: Mexico

Manuscript submission date: 2022-04-13

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-05-18 08:24

Reviewer performed review: 2022-05-18 08:27

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

There are no specific comments

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Peer-review model: Single blind

Reviewer's code: 02488945
Position: Editorial Board
Academic degree: MD
Professional title: Doctor, Lecturer
Reviewer's Country/Territory: India
Author's Country/Territory: Mexico

Manuscript submission date: 2022-04-13

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-05-18 03:51

Reviewer performed review: 2022-05-19 05:31

Review time: 1 Day and 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
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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 article "Loeys-Dietz syndrome without aortic aneurysm: clinical findings and treatment challenges" describes a rare syndrome and its unusual presentation which may be worth publishing. However, I would like to point out the following: The Title: • Should read as "A case report of unusual presentation of Loeys-Dietz syndrome and treatment challenges." Abstract: • While Loeys–Dietz syndrome (LDS) is a rare autosomal dominant syndrome, 75% of cases show new genetic mutation. It is also known as Loeys-Dietz aortic aneurysm syndrome. • There are 5 subtypes and not 4 as the authors have mentioned. The type V has TGTFB3 mutation. • Briefly mention the unusual presentation of the patient in this case report. • Mention that : differential diagnosis, clinical presentation and treatment options for this syndrome are discussed in this article. Introduction: • It is too long, just describe the syndrome and its usual presentation. • Then mention that how you encountered the unusual presentation of this syndrome • Also mention the normal life span of the patients suffering from this syndrome. (37 Years) ..and the age of your patient. • The remaining part in the introduction should be removed and put in discussion. Case Presentation: • Should have the date and the type of hospital where the patient was first admitted. • Please avoid bold lettering and different colors in the manuscript. • After how long each investigation and treatment was given should be mentioned. • Also, mention the total length of stay in hospital and any follow up that was done with time interval. Discussion: • Include the part that was omitted in introduction. • Life expectancy should be mentioned and discussed. There are a few cases of LDS which have been reported late in life, including the one in 7th decade. (Ann R Coll Surg Eng 2017 march;

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99(3) e114 -e115) • LDS5 should also be mentioned. • Include normal treatment: annual echocardiography etc, exercise restrictions, avoiding certain drugs etc.

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Peer-review model: Single blind

Reviewer's code: 06139999
Position: Peer Reviewer
Academic degree: MD, PhD
Professional title: Associate Chief Physician, Associate Professor, Surgeon
Reviewer's Country/Territory: China
Author's Country/Territory: Mexico

Manuscript submission date: 2022-04-13
Reviewer chosen by: Dong-Mei Wang
Reviewer accepted review: 2022-05-21 06:49
Reviewer performed review: 2022-05-23 14:54
Review time: 2 Days and 8 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	[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

It is extremely rare case and I have respect to the authors for searching the cause and the diagnosis of this patient. There are several questions of the authors: 1. What's the origin of pulmonary embolism? From the lower extremity or other veins? I don't think it occurred primarily in the pulmonary artery. Did the patient receive ultrasound in the lower extremities? 2. What was the specific dosage of enoxaparin initially? 1mg/g? In my experience, less than 0.5mg/kg of enoxaparin would be used initially, and it would be adjusted according to D-Dimer and bleeding. 3. Could tell us how did you perform thrombectomy? Open surgery or endovascular treatment by using Angio-jet or just large-size guiding? 4. I am not sure, did you have the results of genetic testing? I could not find it from the Case presentation.