



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 77211

Title: Imaging findings of IgG4-related hypophysitis: A case report and review of literature

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04484231

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Sweden

Author's Country/Territory: China

Manuscript submission date: 2022-04-20

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-05-27 10:11

Reviewer performed review: 2022-05-27 10:44

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input 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 Grade E: Do not publish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 checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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

This is very nicely written case report of a rare disease. IgG4 in general is rare (and probably underdiagnosed) disease and this kind of reports are important in creating awareness of the disease among medical doctors of different specialities. Unfortunately, IgG4 serum level alone lacks sensitivity and specificity. To diagnose IgG4-related disease, current recommendations propose a comprehensive workup, including histology, organ morphology at imaging, serology, search for other organ involvement, and response to glucocorticoid treatment. IgG4 serum levels seem to have diagnostic value when the level is higher than four times the upper level of normal, which is the case in only a minority of patients. Also, normal values of serum IgG4 does not exclude IgG4 disease. I suggest that you add short comment on this problem in your case report.



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Peer-review model: Single blind

Reviewer’s code: 05212164

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Postdoc

Reviewer’s Country/Territory: Japan

Author’s Country/Territory: China

Manuscript submission date: 2022-04-20

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-06-02 10:28

Reviewer performed review: 2022-06-02 13:07

Review time: 2 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
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" 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="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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SPECIFIC COMMENTS TO AUTHORS

[Overall] Throughout this manuscript, the language usage needs to be improved; the authors should do some additional proofreading on it. Although the certificate of English proofreading is already attached, I do not consider the current English of the manuscript to be at a publishable level. Abstract: Case summary>"and gadolinium contrast-enhanced T1WI showed homogeneous and obvious enhancement.": Please add whether there was an involvement of the pituitary stalk or not. Case summary>"Laboratory examination showed abnormal pituitary secretion.": Please describe the types of abnormality. Introduction> "and easy to be misdiagnosed as pituitary tumors, lymphocytic hypophysitis, and lymphoid tissue hyperplasia [7].": There are other types of hypophysitis that should be included in the differentials (e.g., granulomatous, immune checkpoint inhibitor-related). Here are some references that the author may consider citing: PMID: 31863360, 32763900. Imaging examinations> "The pituitary stalk was not clearly displayed on T1WI.": why on T1WI? Imaging examinations> Was the T1 hyperintensity of the posterior lobe preserved or not? Imaging examinations> Has a search for IgG4RD at other sites been performed? How was the result? Outcome and follow-up> " there has been no recurrence on the last follow-up before the present study was submitted.": Please describe in more detail the period of time until the final follow-up. Discussion> The first half of the first paragraph of the Discussion describes the histological features of IgG4RD, but descriptions of how they related to the imaging findings of this case were scarce. Discussion> "Because of the similarity in imaging findings, it is usually necessary to differentiate IgG4-related hypophysitis from pituitary macroadenoma, lymphocytic



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hypophysitis, and histiocytosis.”: As I mentioned above, other types of hypophysitis should be included in differential diagnoses. Although the present case had no significant past medical history, elderly patients often have cancer history and can be on immune checkpoint inhibitors. It is important to add cancer metastasis and immune checkpoint inhibitor-related hypophysitis in the differential diagnoses in those cases.