



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Oncology*

Manuscript NO: 88615

Title: Hepatomegaly and jaundice as the presenting symptoms of systemic light-chain amyloidosis: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 01047634

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Senior Researcher, Staff Physician

Reviewer’s Country/Territory: Netherlands

Author’s Country/Territory: China

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Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2023-11-16 08:43

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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 Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
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
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

SPECIFIC COMMENTS TO AUTHORS

This is an interesting case report, with useful information and important messages for clinicians involved in the care of with liver disease. In general, the paper is well written and clear. Figure 1 and 2 are useful and adequate. However, improvement of a number of aspects of this report could improve the quality of this paper and make it more attractive for interested readers. In general, the text is too long and there is frequent repetition of information and text. Major comments 1. The abstract is too long. The Background paragraph can be skipped. My suggestion is: A 65-year old woman was admitted with a 3-month history of progressive jaundice and marked hepatomegaly. Initially, based on CT- and angiography, Budd-Chiari syndrome was considered and balloon dilatation of significant hepatic vein stenoses was performed. However, additional diagnostic procedures, including liver biopsy and bone marrow-examination, revealed immunoglobulin kappa light chain amyloidosis with extensive liver involvement and hepatic vascular compression. The disease course was progressive and fatal months after initial presentation of symptoms. 2. The "Core Tip" paragraph can be skipped. 3. The Introduction paragraph can be skipped. This text should be part of the



Discussion. This is a Case report! 4. Case Presentation. Is also too long. For instance, Physical examination can be summarized as: Physical examination revealed marked jaundice, cutaneous spider naevi and an enlarged, hard, non-tender liver. Case presentation. Laboratory examinations. Table 1. Electrocardiogram is not a Laboratory test. Only the most relevant findings should be shown in a Table, and this information should not be repeated in the text. This table should not be too long and should always contain the normal or reference Lab values. In the Table, the following tests are not clear: "Globulose" (??), myocardial enzymes (???which enzymes"??). The meaning of (-) is also not clear, probably the authors want to show that the test result was negative. So, the Table and the part of the Case presentation regarding laboratory examinations should be markedly shortened, modified and improved. 5. Case presentation. Imaging examinations. Electrocardiography is not an imaging procedure. Gastroscopy revealed light esophageal varices. Probably better: small esophageal varices. Further, the classification L mi Do. Rf0 (???) is not clear and very unusual and this should be modified. It seems that CT did not show ascites. This is important information as the patient was initially considered to have Budd-Chiari syndrome, and this condition is almost always associated with marked ascites. So, absence of ascites is an interesting and important feature and this should be mentioned. 6. There is no information on the clinical result of dilatation of the hepatic vein stenoses. Please add this information for the interested reader. 7. Treatment and outcome. " After anti-infection and diuretic treatments....". Better: After antibiotic and diuretic treatment ascites resolved completely. 8. Treatment and outcome. "The patient died two weeks after discharge". This information is unsatisfactory. The reader does not know how long the patient was in hospital. It may be preferable to say: The further course of the disease was progressive and the patient eventually diedweeks after the onset of jaundice. Minor comments 1. Title: "Megaliver and" In the medical literature it is much more common to use the



term hepatomegaly 2. Author DE Zhao Song is listed as an author because he/she performed transjugular biopsy. This suggest that this was the only contribution of this author. In general, such limited contribution to a scientific publication (restricted to patient care) is regarded insufficient to justify authorship of a paper. The editor should also consider this point and make a decision. 3. Discussion. The sentence "A study evaluating the relationship betweenmore common in k-AL patients" is very difficult to read and understand. Please rephrase. 4. Discussion. "overall survival (OS)...". Please avoid abbreviations that occur only two or three times. This is unnecessary and complicates easy, pleasant reading. This also applies to dFLC. It is not clear what this is, it is not explained. Please modify. 5. Discussion. "...the patient was not followed regularly, causing gradual progression of the disease". Probably the authors mean something else, but the natural course of the disease was characterized by gradual clinical progression, and progression was NOT the result of incomplete or absent follow-up! This sentence should be rephrased. 6. Discussion. Conclusion. Again, this paragraph is a repetition of what has already been written and this can be deleted. 7. Figure 1. C. "Coronal Strengthen scanning". This is not clear. Suggestion: Coronal view. Or: Coronal plane. 8. An important message, perhaps the most important message, of this case report is that liver amyloidosis can clinically mimic Budd-Chiari syndrome. This is often referred to as pseudo-Budd-Chiari syndrome. The authors could consider to incorporate the term "pseudo Budd-Chiari syndrome" in the Discussion (and in the list with Key-Words). 9. First page of manuscript: "Xu Z. et al. Non-cirrhotic portal hypertension". Meaning of this sentence is not clear. Non-cirrhotic portal hypertension is a subject not discussed/mentioned in the paper. The significance of this sentence in the manuscript is not clear and this sentence can probably be deleted. 10. In addition to 9, it is more common to include a section with Key Words, e.g. Liver amyloidosis, pseudo-Budd-Chiari syndrome, Hepatomegaly, Jaundice.



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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
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	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This case report emphasizes the importance of early detection and timely treatment of light chain amyloidosis before it's too late. From this perspective, the case is well-written and demonstrates the significance of early discovery and differentiation. It also highlights the important role and necessary caution in diagnosing this disease through liver biopsy, specifically transjugular liver biopsy. Unfortunately, the patient died, but this case serves as an informative example of the early stages of this disease and potential differential diagnoses.