

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 92739

**Title:** Lymphatic Plastic Bronchitis and Primary Chylothorax: A Study Based on CT Lymphangiography

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 06195029

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Instructor, Researcher, Staff Physician

**Reviewer's Country/Territory:** Thailand

**Author's Country/Territory:** China

**Manuscript submission date:** 2024-02-04

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2024-02-12 01:51

**Reviewer performed review:** 2024-02-22 17:12

**Review time:** 10 Days and 15 Hours

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 Grade E: Do not publish
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

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	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

Reviewer Response: This is an interesting retrospective study that evaluates the computed tomography lymphangiography (CTL) features of lymphatic plastic bronchitis and primary chylothorax. The conclusion stated that CTL is well-suited to clarify the characteristics of lymphatic plastic bronchitis and primary chylothorax. This method is an excellent tool for diagnosing these two diseases. The study is well-written and informative for using CTL in the diagnosis of these 2 conditions. Here are my questions and suggestions for minor revisions. 1. Title. Does the title reflect the main subject/hypothesis of the manuscript? Reviewer Response: Yes 2. Abstract. Does the abstract summarize and reflect the work described in the manuscript? Reviewer Response: Yes. I suggest describing the frequency of each finding not only by number but also a percentage of each group to better describe the difference among 3 groups. 3. Key Words. Do the keywords reflect the focus of the manuscript? Reviewer Response: Yes 4. Background. Does the manuscript adequately describe the background, present status and significance of the study? Reviewer Response: Yes. I suggest adding a sentence pointing out the knowledge gap for the clinical application of CTL in the

diagnosis of these 2 conditions. 5. Methods. Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail? Reviewer Response: - Please consider declaring the day, month, and year when the data were accessed for research purposes. - Children with plastic bronchitis sometimes don't cough up the bronchial casts. Patients with chylothorax sometimes have concomitant pneumonia with parapneumonic effusion. Causes of chylothorax can also be secondary to infections such as Staphylococcus or tuberculosis. In case that you also have information on bronchoscope findings or other pleural effusion profiles to correlate, it will add more educational value. If not, it is fine. - For exclusion criteria, why did you exclude patients with chylous ascites? Those are often found in patients with generalized lymphatic anomaly (GLA) or central conducting lymphatic anomaly (CCLA). - In Table 1, please consider describing normally distributed continuous variables as mean  $\pm$  standard deviation, and non-normally distributed continuous variables as median [25-75th percentiles]. You may also consider describing the statistical difference in the main text. - I suggest describing the frequency of each finding not only by number but also a percentage of each group to better describe the difference among the 3 groups. You may also consider using the Table or Figure to better demonstrate the findings. - Another interesting analysis is the diagnostic property of major findings for these 2 conditions as sensitivity and specificity. If you have data, please also consider describing the number and frequency of final diagnoses such as pulmonary lymphangiomatosis, lymphangiectasia, atresia of thoracic duct, or syndromic chylothorax. 6. Results. Are the research objectives achieved by the experiments used in this study? What are the contributions that the study has made for research progress in this field? Reviewer Response: Yes. I suggest adding a sentence pointing out the practical points for the clinical application of CTL in the diagnosis of these 2 conditions. 7. Discussion. Does the manuscript interpret the findings adequately and appropriately, highlighting the key



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** office@baishideng.com  
**https://**www.wjgnet.com

points concisely, clearly, and logically? Are the findings and their applicability/relevance to the literature stated in a clear and definite manner? Is the discussion accurate and does it discuss the paper's scientific significance and/or relevance to clinical practice sufficiently? Reviewer Response: Yes. 8. Illustrations and tables. Are the figures, diagrams, and tables sufficient, good quality and appropriately illustrative, with labeling of figures using arrows, asterisks, etc, and are the legends adequate and accurately reflective of the images/illustrations shown? Reviewer Response: Yes. 9. Biostatistics. Does the manuscript meet the requirements of biostatistics? Reviewer Response: Yes. 10. Units. Does the manuscript meet the requirements of use of SI units? Reviewer Response: Yes. 11. References. Does the manuscript appropriately cite the latest, important and authoritative references in the Introduction and Discussion sections? Does the author self-cite, omit, incorrectly cite and/or over-cite references? Reviewer Response: Yes. 12. Quality of manuscript organization and presentation. Is the manuscript well, concisely and coherently organized and presented? Is the style, language and grammar accurate and appropriate? Reviewer Response: Yes. 13. Research methods and reporting. Authors should have prepared their manuscripts according to BPG's standards for manuscript type and the appropriate topically-relevant category, as follows: (1) CARE Checklist (2013) - Case report; (2) CONSORT 2010 Statement - Clinical Trials study, Prospective study, Randomized Controlled trial, Randomized Clinical trial; (3) PRISMA 2009 Checklist - Evidence-Based Medicine, Systematic review, Meta-Analysis; (4) STROBE Statement - Case Control study, Observational study, Retrospective Cohort study; and (5) The ARRIVE Guidelines - Basic study. For (6) Letters to the Editor, the author(s) should have prepared the manuscript according to the appropriate research methods and reporting. Letters to the Editor will be critically evaluated and only letters with new important original or complementary information should be considered for publication. A Letter to



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7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** office@baishideng.com  
**<https://www.wjgnet.com>**

the Editor that only recapitulates information published in the article(s) and states that more studies are needed is not acceptable? Reviewer Response: Yes. 14. Ethics statements. For all manuscripts involving human studies and/or animal experiments, author(s) must submit the related formal ethics documents that were reviewed and approved by their local ethical review committee. Did the manuscript meet the requirements of ethics? Reviewer Response: Yes.