

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 68265

Title: Pulmonary amyloidosis and multiple myeloma mimicking lymphoma in a patient with Sjogren's syndrome: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05913135

Position: Peer Reviewer

Academic degree: Doctor, MA, MD

Professional title: Deputy Director, Surgeon, Surgical Oncologist

Reviewer's Country/Territory: Germany

Author's Country/Territory: South Korea

Manuscript submission date: 2021-06-02

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-06-02 09:16

Reviewer performed review: 2021-06-02 14:57

Review time: 5 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 Grade E: Do not publish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 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="radio"/>] Anonymous [<input type="radio"/>] Onymous
	Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No

SPECIFIC COMMENTS TO AUTHORS

The article is interesting as it describes a complex constellation of coexisting diseases with overlapping symptoms and contradictory test results making the diagnostic process a challenge. Differential diagnoses are mentioned and details to the discussed diseases are given. The CARE-criteria and accompanying structure are observed. Some more attention should be given to the case presentation and the difficult diagnostic decisions arising from the constellation of clinical findings. There are also some issues concerning the aim of the case report, which should be easy to address.

Title Page The title is referring to the “mimicking” of lymphoma, but in the text the differentiation of multiple myeloma from a lymphoma is not further described. This should be corrected or the title changed. References and pictures are o.k. Abstract In line 42 the abbreviation SS for Sjogrens Syndrome is used, although this abbreviation is only introduced in line 67.

The Background should give an idea of why this case report might be important and interesting to read, for example, the fact that rare diseases might coexist in one patient, causing contradictory test results and inconcistent clinical findings. The conclusion should also refer to this. Core Tip the Sentence in lines 67-69 is repeated in the introduction, the discussion and the conclusion (where it does not belong, as it does not add to the aim of the article). The repeated usages should be rephrased to increase readability.

Introduction The sentence in lines 80-83 is not understandable, either it is incomplete or it should be rephrased to make its meaning clearer. It is repeatedly stated, that incidences of the diseases described are low. If numbers are available, they should be stated to illustrate the rarity. The end of the Introduction should again refer to the “question” raised by the case report (and it should be answered in the conclusion).

Case Presentation The details given in the case presentation are scarce. The complaints of the patient are not mentioned. What symptoms led to the diagnosis of a gastric plasmacytoma and what were his symptoms concerning the Sjogrens Syndrome? Was the medication for Sjogrens Syndrome given sequentially or synchronous? Did it have an effect on the course of the disease? Because the extensive lymphocytic infiltrations suggest a progressive disease. Was the amyloid material (line 149-150 “amorpheus proteinaceous material”) further examined? What were the relevant diagnostic considerations leading to the given diagnoses? Which criteria were relevant? Line 153: What is a nested PCR? Discussion Sjogrens Syndrome goes along with B-cell activation which can result in polyclonal lymphocytic infiltration, monoclonal gammopathy and light chain amyloidosis. In rare cases a reactive, secondary amyloidosis with amyloid A deposits may be observed. It can even progress to B-Cell-Hodgkin-Lymphoma. In this case a different synchronous hematologic malignoma was present – multiple myeloma – which may also cause lymphocytic infiltrations, in this case monoclonal, and amyloid deposits consist of light chains. If both diseases occur at the same time in the same patients the findings and test results can be contradictory and misleading. This point should be made clearer in the Discussion and the relevant diagnostic decisions leading to the final diagnoses should be mentioned. In this case, it was the histopathological examinations, which were important. Lines 176-177: “SS often involves lung diseases, such as...and pulmonary amyloidosis” This is wrong. It often involves interstitial lung disease, sometimes primary pulmonary lymphoma and pleuritic, but the point of this article is, that pulmonary amyloidosis is very rare. So this contradiction should be avoided. Lines 235 – 240: No tests are mentioned to examine the amyloid deposits further, so the theoretical of a pulmonary amyloidosis caused by Multiple Myeloma must be considered, as the authors do. The conclusion, that the latter is unlikely the cause and therefore it must be a case of pulmonary amyloidosis and multiple myeloma

associated with SS, cannot be followed because that constellation is also very rare and unlikely, so the conclusion does not necessarily follow from the findings. It should be discussed, what could be done to clear this uncertainty (for example examine the amyloid deposit further).

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Reviewer's code: 04213446

Position: Editorial Board

Academic degree: MD

Professional title: Assistant Professor

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: South Korea

Manuscript submission date: 2021-06-02

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-06-02 09:45

Reviewer performed review: 2021-06-03 12:58

Review time: 1 Day and 3 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
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input 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="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

The author presented an extremely rare and interesting case with details. However, the author should provide the chest x ray or chest CT before and after chemotherapy. It not only showed the therapeutic response, but also confirmed the diagnosis again.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Reviewer's Country/Territory: Germany

Author's Country/Territory: South Korea

Manuscript submission date: 2021-06-02

Reviewer chosen by: Han Zhang (Online Science Editor)

Reviewer accepted review: 2021-07-16 05:49

Reviewer performed review: 2021-07-16 10:30

Review time: 4 Hours

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
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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statements

Conflicts-of-Interest: [☐] Yes [☒] No

SPECIFIC COMMENTS TO AUTHORS

The cited issue have been revised, although the revised title does not appear in the heading and does not include "a case report", as the CARE-criteria demand. The rarity of this combination of two diseases is stressed repeatedly. The difficulties in the differential diagnosis of these serum protein elevations could be emphasized, as it is not to interpret the findings.

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Author's Country/Territory: South Korea

Manuscript submission date: 2021-06-02

Reviewer chosen by: Han Zhang (Online Science Editor)

Reviewer accepted review: 2021-07-18 02:52

Reviewer performed review: 2021-07-18 02:58

Review time: 1 Hour

Scientific quality	[<input checked="" type="radio"/>] Grade A: Excellent [<input type="radio"/>] Grade B: Very good [<input type="radio"/>] Grade C: Good [<input type="radio"/>] Grade D: Fair [<input type="radio"/>] Grade E: Do not publish
Language quality	[<input checked="" type="radio"/>] Grade A: Priority publishing [<input type="radio"/>] Grade B: Minor language polishing [<input type="radio"/>] Grade C: A great deal of language polishing [<input type="radio"/>] Grade D: Rejection
Conclusion	[<input checked="" type="radio"/>] Accept (High priority) [<input type="radio"/>] Accept (General priority) [<input type="radio"/>] Minor revision [<input type="radio"/>] Major revision [<input type="radio"/>] Rejection
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statements

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

SPECIFIC COMMENTS TO AUTHORS

The author showed an complicated and rare case of simultaneous pulmonary amyloidosis and multiple myeloma associated with Sjogren's syndrome. It's educative and informative to the audience.