

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 42575

Title: Combined silicosis and mixed dust pneumoconiosis with rapid progression

Reviewer's code: 00186496

Reviewer's country: China

Science editor: Jin-Lei Wang

Date sent for review: 2018-10-11

Date reviewed: 2018-10-16

Review time: 4 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

We'd appreciate the invitation to review this manuscript. This article reported a case who were diagnosed with RPP of mixed dust pneumoconiosis combined with silicosis after an extended period of discontinuation of silica exposure. We appreciate detailed total history record and suitable examination of the patient. However we believe this article is



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too simple, neither informative nor innovative, due to lack of information regarding differential diagnosis and treatment.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

BPG Search:

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- ☐ No

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 42575

Title: Combined silicosis and mixed dust pneumoconiosis with rapid progression

Reviewer's code: 02497043

Reviewer's country: Turkey

Science editor: Jin-Lei Wang

Date sent for review: 2018-10-11

Date reviewed: 2018-10-16

Review time: 5 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input checked="" type="checkbox"/> Accept	<input checked="" type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Your case report is well written. I have no additional comments

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:



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- ☐ Plagiarism
- ☐ No

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 42575

Title: Combined silicosis and mixed dust pneumoconiosis with rapid progression

Reviewer's code: 02468112

Reviewer's country: United States

Science editor: Jin-Lei Wang

Date sent for review: 2018-10-11

Date reviewed: 2018-10-17

Review time: 6 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input checked="" type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
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publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

I have reviewed the manuscript entitled "Combined silicosis and mixed dust pneumoconiosis with rapid progression" by Dr. Yoon, et al. Briefly, this is a case report of a 64 year old man who was employed in a stone processing factory as a young man and then worked in his own grist mill for the past 25 years. His chest radiograph had



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aggressively progressed in the past 5 years in a manner that is not consistent with silicosis. Mycobacterial infection was not shown. A percutaneous needle biopsy showed macrophages and birefringent crystals by polarizing microscopy. A diagnosis of mixed dust pneumoconiosis with rapid progression was made. The authors concluded that the rapid progression with silicosis may be attributable to the grist mill exposure. I offer the following comments. 1. The abstract reports that Rapidly progressive pneumoconiosis (RPP) frequently occurs in coal workers,... Indeed, this can occur, but to report that this is a frequent occurrence is not clear. Authors have often reported these rapidly occurring cases as case reports and case series, implying that they are out of the ordinary. 2. This worker had been employed in a stone processing factory for 17 years prior to his work as a grain grinder. The authors report that he "processed granite... without protective equipment." No further information is provided. Please describe this job in more detail. Certainly if he was grinding, or working in a way that generates dust from stone (particularly in a dry environment), this is important to note. 3. The silica content of granite is variable – and frequently reported as ranging from 10% to 50%. As cited in references 7 and 8, silica exposure during grain grinding over a period of time in a relatively enclosed space, could play a role in the development of silicosis. Under similar circumstances, this could be associated with silica progression, as in this case. During his work as a grinder, was he in grinding room when the grinding was performed? 4. I have reviewed the pathology report. This showed diffuse infiltration of phagocytic macrophages with focal sclerosis and a few multi-nucleated giant cells. Macrophages contained anthracotic pigment, and lightly birefringent crystals were observed with polarized light microscopy. The histopathologic diagnoses were pneumoconiosis, cellular phase of silicosis, and/or mixed dust pneumoconiosis. I recognize features of pneumoconiosis (although the presence of anthracotic pigment may be a non-specific finding) and silicosis.



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Although he could have a diagnosis of mixed grain pneumoconiosis by history, how was the pathologic diagnosis of mixed dust pneumoconiosis made? Perhaps the authors may comment on the pathologic criteria of "mixed dust pneumoconiosis." What does the "and/or" aspect of this statement refer to? Is the pathologist suggesting that there is no diagnosis of silicosis but rather this is pneumoconiosis attributable solely to grain dust? ? I ask that you review this diagnosis and explain this further. 5. Please note, reference 1 is incomplete.

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- ☐ No