



**PEER-REVIEW REPORT**

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

**Manuscript NO:** 46553

**Title:** Immune thrombocytopenia may be a hematological presentation of Wilson disease: a case report and literature review

**Reviewer's code:** 00722122

**Reviewer's country:** Pakistan

**Science editor:** Fang-Fang Ji

**Reviewer accepted review:** 2019-02-24 05:54

**Reviewer performed review:** 2019-03-09 18:27

**Review time:** 13 Days and 12 Hours

| 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 polishing | (High priority)                                    | <input checked="" type="checkbox"/> Anonymous             |
| <input type="checkbox"/> Grade C: Good            |   | <input type="checkbox"/> Accept                    | <input type="checkbox"/> Onymous                          |
| <input checked="" type="checkbox"/> Grade D: Fair | <input type="checkbox"/> Grade C: A great deal of language polishing  | (General priority)                                 | Peer-reviewer's expertise on the topic of the manuscript: |
| <input type="checkbox"/> Grade E: Do not publish  | <input type="checkbox"/> Grade D: Rejection                           | <input type="checkbox"/> Minor revision            | <input type="checkbox"/> Advanced                         |
|   |   | <input checked="" type="checkbox"/> Major revision | <input checked="" type="checkbox"/> General               |
|   |   | <input type="checkbox"/> Rejection                 | <input type="checkbox"/> No expertise                     |
|   |   |  | Conflicts-of-Interest:                                    |
|   |   |  | <input type="checkbox"/> Yes                              |
|   |   |  | <input checked="" type="checkbox"/> No                    |

**SPECIFIC COMMENTS TO AUTHORS**

The manuscript titled "Immune thrombocytopenia may be a hematological presentation of Wilson disease: a case report and literature review" is an interesting case report however it require some major and minor corrections before its publication



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Minor corrections there are few spelling mistakes such as on page 3, line 13- check spelling of 'cleare' should be "clear" and on page 4, line 2 spelling "sing" is incorrect it should be "sign" The sentence "The manifestations of WD are quite variable" is actually a repetition of previous sentence in different words and can be merged with earlier sentence. The sentence "but there no evidences to show major contribution" require language editing the symbol " " need correction Major corrections The entire case report needs to be rewritten in a clear case report format and not as the clinical notes written in hospital file. May be authors should seek help from the expert for case reporting and language polishing The bone marrow report is not written correctly. What lens power was used and how many fields were observed etc. what is meant by platelet forming megakaryocytes not found. these cells are meant to produce platelets. Authors have written 56 megakaryocytes on bone marrow examination so what is the significance of this number. Please get the correct reporting with interpretation done by a hematologist The authors stated that "The child was not treated with glucocorticoids because her platelet count was greater than  $50 \times 10^9/l$  and she had no signs of hemorrhagic tendency" however at this platelet counts, only platelet transfusion is hold but not the specific treatment such as glucocorticoids so please check again and correct it. The authors wrote "Antibodies for autoimmune hepatitis (including anti-ds-DNA, Sm, SS-A, SS-B, and ENA-Jo-1) were negative", This is not the autoimmune hepatitis panel. please check the diagnostic criteria of autoimmune hepatitis and re-write. Also mention titer and pattern of ANA The authors have given a good explanation of anti-platelet autoantibody formation in patients with WD however either it should be substantiated with references/evidence or a further study should be suggested to look at these antibodies in such patients. In this regard the recommendation given by the authors is case report to investigate children with thrombocytopenia without an obvious cause for WD is not evidence based and further studies should be suggested



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#### INITIAL REVIEW OF THE MANUSCRIPT

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**PEER-REVIEW REPORT**

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

**Manuscript NO:** 46553

**Title:** Immune thrombocytopenia may be a hematological presentation of Wilson disease:  
a case report and literature review

**Reviewer's code:** 02627036

**Reviewer's country:** Romania

**Science editor:** Fang-Fang Ji

**Reviewer accepted review:** 2019-04-16 07:02

**Reviewer performed review:** 2019-04-17 18:54

**Review time:** 1 Day and 11 Hours

| 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 checked="" 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 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 checked="" type="checkbox"/> Minor revision | topic of the manuscript:                      |
| 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**

Please delete from your article the following words: "future", "may be" and rebuilt the sentence without these words.



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**INITIAL REVIEW OF THE MANUSCRIPT**

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**PEER-REVIEW REPORT**

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

**Manuscript NO:** 46553

**Title:** Immune thrombocytopenia may be a hematological presentation of Wilson disease:  
a case report and literature review

**Reviewer's code:** 05088164

**Reviewer's country:** Romania

**Science editor:** Fang-Fang Ji

**Reviewer accepted review:** 2019-04-16 09:52

**Reviewer performed review:** 2019-04-20 16:15

**Review time:** 4 Days and 6 Hours

| 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 checked="" type="checkbox"/> Grade C: Good | polishing   | <input type="checkbox"/> Accept                    | <input 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 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**

The paper presents an interesting case of WD associated with ITP in a child. This is a rare association in WD, but there is not clear enough if this could be a manifestation of WD or just an association. The title should be change - literature review is too much



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said for what was presented in the Discussion chapter. Also I would say that this is an association not a hematological presentation, as there were from the beginning clinical symptoms of a neurological WD. In the Introduction paragraphs I would correct the info from line 3 - gene or protein? also in line 10-11 probably is better to use compound heterozygous status; in line 15-16 I would not present the definition of thrombocytopenia as is well known. In line 23-24 you present that the diagnosis of ITP was made before WD confirmation, but is clear that the WD was diagnosed in the same time with ITP as the signs and lab results were obvious for WD diagnosis; just the genetic confirmation was delayed. I would say that WD was present and ITP was only the moment for revealing the WD... as the drooling, dysarthria were already present from the onset. In the laboratory results I would include also other: ASAT, total bilirubine. Somewhere (page 9 line 8) you said that the AIH was excluded as autoantibodies were negative, but in line 15 page 6 - positive for antinuclear antibodies - in what titer? It is well known that autoimmunity could be a manifestation of WD in a part of the patients. I would explain in more details what were the findings an ultrasound examinations - and to say that these changes were compatible with liver cirrhosis. There is no Fibroscan or Fibrotest results in order to sustain the liver cirrhosis? Also in page 9 line 26-27 I would make more clear that the US image was stable, that could be equivalent to cirrhosis In the Treatment paragraph I would explain the dose also for Zinc and I would present the way of administration. Did you give directly the full dose of d-penicillamine? or you increased the dose over a period of time, in order to prevent the neurological deterioration? There was no treatment for ITP? In Discussion paragraphs (page 8 line 13) you said that this association of mutations was not presented, but there is a paper presented this association in a patient with WD and albinism (doi: 10.1097/MD.0000000000013744) and another one in Human Pathobiochemistry 2019 ([https://doi.org/10.1007/978-981-13-2977-7\\_13](https://doi.org/10.1007/978-981-13-2977-7_13)). As those mutations are frequent in



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Asian population I would think that are more cases. This part should be revised. Based on this case presentation I consider that the idea of screening for WD in all thrombocytopenia cases would be too much. As also was in this case, there are other signs that could direct the diagnosis of WD not just thrombocytopenia. In fact, the child was in cirrhosis stage, with neurological signs, not only thrombocytopenia that revealed WD. Maybe this conclusion should be changed to something related to the possible association of ITP in WD patients also with an emphasis on autoimmunity (positive ANA). The paper need some English language review, better by a native English speaker... just an example - excessive use of "her" in physical examination paragraph... After the revision of these aspects, I would consider that the paper could be published.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

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