

## PEER-REVIEW REPORT

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

**Manuscript NO:** 50090

**Title:** Cytomegalovirus ileo-pancolitis presenting as toxic megacolon in an immunocompetent patient: A case report

**Reviewer's code:** 03276926

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Professor

**Reviewer's country:** France

**Author's country:** South Korea

**Reviewer chosen by:** Na Ma

**Reviewer accepted review:** 2019-08-17 13:33

**Reviewer performed review:** 2019-08-17 15:52

**Review time:** 2 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 type="checkbox"/> Grade B: Minor language	(High priority)	<input 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 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 type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

This paper reports an interesting clinical presentation of toxic megacolon probably related to an ileo-colitis consecutive to a cytomegalovirus (CMV) infection in an apparently immunocompetent patient. Although the presentation of the case is well documented with a good iconography and a solid discussion, some points merit to be improved substantially. First, the authors give the feeling that CMV infection is only severe in immunocompromised patients. Even if the severity of the diseases is more pronounced in this category, CMV infection is not always an asymptomatic or mild disease in immunocompetent adults (lines 2 and 3 of Introduction and also discussion), as illustrated by a lot of literature. Even if we limit the discussion to the intestinal tract, different studies, in addition to those cited by the authors, report severe CMV colitis in non-immunosuppressed patients. (You DM, Johnson MD. Cytomegalovirus infection and the gastrointestinal tract. *Curr Gastroenterol Rep* 2012 ; 14 : 334-42; Hasegawa T, Aomatsu K, Nakamura M, Aomatsu N, Aomatsu K. Cytomegalovirus colitis followed by ischemic colitis in a nonimmunocompromised adult: a case report. *World J Gastroenterol* 2015 ; 21 : 3750-4.; Bernard S, Germi R, Lupo J, et al. Symptomatic cytomegalovirus gastrointestinal infection with positive quantitative real-time PCR findings in apparently immunocompetent patients: a case series. *Clin Microbiol Infect* 2015 ; 21 : 1121. e1-7). Another important point is the relationship between ulcerative colitis (UC) and CMV infection of the gut; patients with UC cannot be considered as immunodeficient, even if immunological disorders are probably linked to this disease (for a review, see for example this paper from our team: Pillet S, Pozzetto B, Jarlot C, Paul S, Roblin X. Management of cytomegalovirus infection in inflammatory bowel diseases. *Dig Liver Dis.* 2012;44:541-8). In addition, no exploration of immunity was performed in this 70 year-old patient. CMV is a major agent of immunosenescence (as illustrated in this recent paper: 'From immunosenescence to immune modulation': a re-appraisal of the role of cytomegalovirus as major regulator of human immune function. Moss P. *Med*

Microbiol Immunol. 2019;208:271-280). So the absence of clear immunodeficiency in this patient is not so surprising. It may reflect a consequence of aging. These different points merit to be discussed. Second, the authors stress the presence of fever at admission. For how long time? CMV infection is frequently associated with long-lasting fever. Before the hemorrhagic episode, an infection was discussed since antibiotics were prescribed and stool cultures were performed. This part of the observation is not enough detailed. I suppose that blood cultures were also performed. A high leukocyte count is mentioned. What was the formula of white cells in blood? In addition to CRP, were other inflammatory markers studied? The “infectiology” part of the observation must be more described in more details. Third, the virological investigations are poorly described (sorry I am a virologist!). Immunochemical studies are convincing but, nowadays, the diagnosis of CMV colitis relies on the intestinal viral load. It seems that the viral load of 3360 DNA copies/ml corresponds to circulating blood (serum? whole blood? by using which technique?). It would be interesting to analyze the kinetics of the CMV intestinal viral load from the different biopsies taken during the follow-up of the patient (if samples have been stored frozen, it can be done retrospectively). The presence of CMV DNA within the mucosa and its decrease at the convalescence phase would permit to prove definitively that CMV was the cause of the colitis. Fourth, the discussion about the need for treating or not by ganciclovir the patient because he was immunocompetent is very surprising. As documented in previous paper, the delay for treating this infection in immunocompetent patients may explain the severity of the evolution. In the present case, given the severity of the clinical picture and the absence of alternative diagnosis, it seems evident for me that the correct attitude was to treat by ganciclovir (in the absence of contra-indication) without delay, what has been done successfully. If the authors are able to amend correctly these 4 important points, this observation merits to be reported.



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-223-8242  
**E-mail:** bpgoffice@wjgnet.com  
<https://www.wjgnet.com>

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

##### ***Google Search:***

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

##### ***BPG Search:***

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

## PEER-REVIEW REPORT

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

**Manuscript NO:** 50090

**Title:** Cytomegalovirus ileo-pancolitis presenting as toxic megacolon in an immunocompetent patient: A case report

**Reviewer's code:** 00038617

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Assistant Professor

**Reviewer's country:** Japan

**Author's country:** South Korea

**Reviewer chosen by:** Na Ma

**Reviewer accepted review:** 2019-08-16 00:33

**Reviewer performed review:** 2019-08-25 15:53

**Review time:** 9 Days and 15 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 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

In this paper, the authors report the case of a 70-year-old male with a non-immunocompromised state that presented with toxic megacolon and subsequently developed massive hemorrhage as a complication of CMV ileo-pancolitis. CMV enterocolitis presenting as toxic megacolon in an immunocompetent patient is rarely encountered. This manuscript was written well overall, and this case certainly provides a new perspective to the gastroenterologist. Minor comments) (1) For the description of blood tests, it is better to describe only abnormal values. (2) Where is D-2 in Figure 2? It should not be the terminal ileum. Please describe the location. (3) In the blood test of this case, an increase in leukocytes is observed from the beginning. Is it explained only by virus infection? I am concerned that the CMV enterocolitis in this case may be secondary to acute bacterial enterocolitis.

## **INITIAL REVIEW OF THE MANUSCRIPT**

### ***Google Search:***

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

### ***BPG Search:***

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