



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 51157

Title: Cluster headache as a manifestation of a stroke-like episode in a carrier of the MT-ND3 variant m.10158T>C

Reviewer’s code: 00735414

Position: Editorial Board

Academic degree: PhD

Professional title: Professor

Reviewer’s country: Croatia

Author’s country: Austria

Reviewer chosen by: Le Zhang

Reviewer accepted review: 2019-12-08 16:20

Reviewer performed review: 2019-12-08 19:37

Review time: 3 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



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I have read author's comments regarding manuscript "Adult-onset mitochondrial encephalopathy in association with the MT-ND3 T10158C mutation exhibits unique characteristics: A case report". Some comments addressed to the authors of the manuscript should to be clarified in the answer to Mr Finsterer's letter. These comments are: 1. Mr. Finsterer stated that the variant m.101157T>C has to be classified as a rare variant. Literature review confirms that his statement is true. 2. Also: Since the index patient had undergone a spinal tap we should know if cerebrospinal fluid (CSF) lactate was elevated or not upon investigations of the CSF. Whether spinal tap was done, biochemical analysis of cerebrospinal liquor is usually the first diagnostic method to be done, so authors should mention in reply at least whether it was done, and if so, lactate levels that were measured should be reported. 3. Mr. Finsterer stated that "we should know if the mother or any other first degree relative was clinically affected and if the mtDNA variant m.10158T>C was detected in any of the other first-degree relatives." His statement is correct, and at least statement mentioning age and number of relatives alive should be mentioned i.e.: her mother died in the age of 50 from trauma and she has no brothers or sisters; or: her mother is healthy 75 years old woman, her 4 brothers and sisters have no signs of disease. 4. "Did cluster headache in the index patient resolve upon application of widely agreed therapies for cluster headache?" Since cluster headache was mentioned as dominant symptom authors should mention in the reply whether it was resolved. 5. Time course of medication and current medication may be also mentioned. 6. I think that imaging serial follow up was carried up enough times up to day 212. This letter to Editor should be published altogether with authors' reply to the questions posted.

INITIAL REVIEW OF THE MANUSCRIPT

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