

## PEER-REVIEW REPORT

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

**Manuscript NO:** 52573

**Title:** Goodpasture syndrome and hemorrhage after renal biopsy: A case report

**Reviewer's code:** 00504351

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Assistant Professor

**Reviewer's country:** Japan

**Author's country:** China

**Reviewer chosen by:** Ying Dou

**Reviewer accepted review:** 2019-12-05 02:27

**Reviewer performed review:** 2019-12-06 09:16

**Review time:** 1 Day and 6 Hours

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 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 type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input checked="" type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

This case report "Good-Pasture's Syndrome and hemorrhage after renal biopsy: a case

report” is interesting and worth to read although such case is rare, its hemorrhage after renal biopsy is serious even endanger the patient’s life. Major comments: 1. The authors should give a clear explanation as to why a renal biopsy have to be done when it is known the patient to be the “Good-Pasture’s Syndrome”, since the hemorrhage is the most serious complication in renal biopsy. 2. In the case presentation, at the final diagnosis, the authors said: we corrected the previous diagnosis result to Good-Pasture syndrome. What is the previous diagnosis? The authors should give clear differential diagnosis for Good-Pasture to the other diseases. Minimum comments: 1. The authors wrote a same paragraph both in introduction and in discussion segments as “Renal biopsy is the preferred invasive procedure to substantiate the diagnosis and prognosis of anti-GBM disease. Hemorrhage is the most serious complication that can be depicted as a spectrum from hematuria to asymptomatic hemorrhage or death in renal biopsy. A recent large-scale study involving 9288 biopsies reported hemorrhage necessitating blood transfusion in 0.9% of cases and surgical intervention in 0.2% of cases(4).” 2. The abbreviation GBM should be used after its full name mentioned in the introduction rather than in the case summary at page 2.

## **INITIAL REVIEW OF THE MANUSCRIPT**

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

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

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

- ☐ The same title



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[ ] Duplicate publication

[ ] Plagiarism

[ Y ] No

## PEER-REVIEW REPORT

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

**Manuscript NO:** 52573

**Title:** Goodpasture syndrome and hemorrhage after renal biopsy: A case report

**Reviewer's code:** 00646357

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Professor

**Reviewer's country:** Egypt

**Author's country:** China

**Reviewer chosen by:** Ying Dou

**Reviewer accepted review:** 2019-12-04 10:29

**Reviewer performed review:** 2019-12-06 12:34

**Review time:** 2 Days and 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 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

-Add more on the basic of this disease in the introduction -Discuss role of advanced



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imaging of kidney, vessels and lung using these ref -Razek AA. Diffusion magnetic resonance imaging of chest tumors. Cancer Imaging 2012;12:452-63. -Razek AA, Gaballa G, Megahed AS, Elmogy E. Time resolved imaging of contrast kinetics (TRICKS) MR angiography of arteriovenous malformations of head and neck. Eur J Radiol 2013;82:1885-91. -Abdel Razek A, Al-Adlany M, Alhadidy A, Atwa M, Abdou N. Diffusion tensor imaging of the renal cortex in diabetic patients: Correlation with urinary and serum biomarkers. Abdom Radiol 2017;42:1493-1500 -English language correction through the manuscript -Discuss merits and limitations of technique applied -Update of references as most of references are old

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

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- ☐ No