



## PEER-REVIEW REPORT

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

**Manuscript NO:** 55886

**Title:** Multi-organ IgG4-Related Disease continues to mislead clinicians: A case report and literature review

**Reviewer's code:** 04009274

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Hungary

**Author's Country/Territory:** Lithuania

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**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-04-16 04:47

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<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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## SPECIFIC COMMENTS TO AUTHORS

World Journal of Gastroenterology - Manuscript review of Manuscript NO: 55886  
Multi-organ IgG4-Related Disease continues to mislead clinicians: A case report and literature review

Dear Author, This is an interesting article that could be improving with some correction and supplement.

1. History of past illness page 6, line 10 - GCs drops - please explain abbreviation
2. History of past illness page 6, line 23 - do you have data about T2 relaxation time on MRI which parameter is good marker of Graves' orbitopathy' activity?
3. History of past illness, page 6, line 23 - "antibodies against TTH" - do you mean TSH receptor antibody (TRAb)?
4. History of past illness, page 7, line 5 - Usage of retrobulbar GCs injection is not part of the therapeutic protocol/recommendation of Graves' orbitopathy. See reference: Bartalena L, Baldeschi L, Boboridis K, Eckstein A, Kahaly GJ, Marcocci C, Perros P, Salvi M, Wiersinga WM; European Group on Graves' Orbitopathy (EUGOGO). The 2016 European Thyroid Association/European Group on Graves' Orbitopathy Guidelines for the Management of Graves' Orbitopathy. *Eur Thyroid J.* 2016; 5(1):9-26. doi: 10.1159/000443828.
5. History of present illness, page 13, Figure 4, A, B - I think the numbers "8x13 mm and 2x21 mm" mean the sizes of dominant nodules in the right and left lobes of the thyroid. Did you perform fine-needle aspiration from the thyroid to exclude thyroid malignancy in the nodules? (or maybe prove Riedel thyroiditis/IgG4 related disease?)
6. Final diagnosis, page 15, line 3 - Why do you think that the prostate is also involved in IgG4 related disease in this case? Why are you sure that the patient's "asthma" is not pulmonary involvement of IgG4 related disease?
7. Outcome and follow-up page 15, What about exophthalmos? Did you detect improvement also in eye symptom?
8. Discussion, page 16, line 10 - (50-0 years), please correct the numbers
9. Discussion, page 17, it is interesting that you don't have the typical histological findings



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to make the diagnosis. Maybe it would be possible to do another biopsy from another involved organ...