

PEER-REVIEW REPORT

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Title: Incomplete kawasaki disease complicated with acute abdomen: a case report

Reviewer's code: 05329332

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

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Reviewer chosen by: AI Technique

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Scientific quality	<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 Grade E: Do not publish
Language quality	<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
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	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

I read with interest your manuscript, congratulations for your work. I appreciated the full documentation of management of the case using multi-imaging modalities, and the included illustrations. I think however you should be more clear about medical treatment. Did you perform therapy with IV G immunoglobulins, as indicated by current guidelines (also for incomplete forms of Kawasaki disease)? If not, why? Why did you treat the patient with clopidogrel and not with ASA, while the guidelines suggest ASA treatment for Kawasaki disease? I refer in particular to the document: 'Diagnosis, Treatment, and Long-Term Management of Kawasaki Disease: A Scientific Statement for Health Professionals From the American Heart Association'. Circulation. 2017;135:e927-e999 According to the same document, 'IVIG should also be administered to children presenting after the tenth day of illness (ie, in whom the diagnosis was missed earlier) if they have ongoing systemic inflammation as manifested by elevation of ESR or CRP (CRP >3.0 mg/dL) together with either persistent fever without other explanation or coronary artery aneurysms'. I think this document should be considered and cited in your work; if you treated your patient differently for any reason, this should be clearly explained. Secondly, I think the abstract contains a repetition: 'Outcomes: After operation, the cardiac output increased and the symptoms of heart failure resolved. Follow-up evaluation at 1 month after operation showed that the patient's cardiac function had restored to New York Heart Association standard (NYHA) Grade I heart failure. Follow-up evaluation at 1 month after operation showed that the patient's heart function had maintained at NYHA Grade I and normal growth was obtained'.