# PEER-REVIEW REPORT

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

**Manuscript NO:** 59514

**Title:** Cluster Headache Due to Structural Lesions – a Systematic Review of Published Cases

**Reviewer's code:** 02325110

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Chief Doctor, Senior Research Fellow

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

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

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**Reviewer chosen by:** Chen-Chen Gao

**Reviewer accepted review:** 2020-12-17 10:18

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**Review time:** 17 Days

| Scientific quality | [  ] Grade A: Excellent   [  ] Grade B: Very good   [ Y] Grade C: Good<br>[  ] Grade D: Fair   [  ] Grade E: Do not publish |
|---|---|
| Language quality | [  ] Grade A: Priority publishing   [ Y] Grade B: Minor language polishing<br>[  ] Grade C: A great deal of language polishing   [  ] Grade D: Rejection |
| Conclusion | [  ] Accept (High priority)   [  ] Accept (General priority)<br>[  ] Minor revision   [ Y] Major revision   [  ] Rejection |
| Re-review | [ Y] Yes   [  ] No |
| Peer-reviewer statements | Peer-Review: [ Y] Anonymous   [  ] Onymous<br>Conflicts-of-Interest: [  ] Yes   [ Y] No |

**SPECIFIC COMMENTS TO AUTHORS**

The authors carried out a literature research for symptomatic cluster headache (CH) respectively cluster-like headache (CLH) in PubMed and Google Scholar. They found that structural abnormalities associated with CH/CLH were caused by vascular (41.2%), tumoural (36.8%), and inflammatory processes (19.1%). Late age at onset and eye as well as retroorbital pains were common conditions requiring careful evaluation and were present in at least one third of cases. Abnormal neurological examination was the most significant sign for impaired cranial nerves. Other signs were atypical attack duration, additional headache between attacks, migraine-like automatic symptoms, persistent partial Horner's syndrome, and atypical attack frequency. CLH patients may be responsive to typical CH treatments, and therefore the treatment response is not specific for CH. Taking into account the clinical similarity of CH and CLH the authors advise to perform neuroimaging procedures during the initial consultation as well as during the further course of the headache disorder. The results of this study will be of interest for the readers of the World Journal of Clinical Cases. Nevertheless, there are some methodological concerns that have to be addressed in a revised version of the manuscript before publication may be considered: First, this work is not a case study nor it is a case series. According to El-Gilany (2018) a case series is an observational, descriptive research design. It is most useful for describing the potential effectiveness of new interventions, for describing the effectiveness of interventions on unusual diagnoses, and for describing unusual responses to interventions. Case series can be conducted retrospectively or prospectively (El-Gilany AH. What is case series? Asp Biomed Clin Case Rep. 2018 Aug 17;1[1]:10-15). What the authors conducted was a review of cases. Therefore I advise to change the title as follows: Cluster Headache Due to Structural Lesions – a Systematic Review of Published Cases. In the same sense also

the abstract should be adjusted. Moreover, the abstract should be condensed. Second, this review would certainly be ameliorated if the authors would choose to describe the details of the literature research performed according to the preferred reporting items for systematic reviews and meta-analyses (PRISMA) checklist (Moher, Liberati, Tetzlaff, Altman, & Group, 2009). Moreover, the authors should perform a systematic review. The results of prior (systematic) reviews should be cited and discussed in detail in the discussion section. The period of assessment (1988 to March 2018) should be extended up to this day. In Figure 1 the terms "papers" and "cases" are confounded. In each box it should read: … papers (… cases). Third, grammar, spelling as well as style and choice of vocabulary have to be improved. For instance, instead of "… it must be stressed that the response to CH treatment is not informative (page 8)." it might read: "… is not a sufficiently reliable criterion to discriminate between CH and CLH." Another example, instead of "Indeed, how can we obtain the most benefit for patients, when considering accuracy and relatively low cost (page 3)?" it might read: "… obtain the most benefit for patients, i.e. achieve high diagnostic standards at comparably low cost?" Third example: "Here, we review the literature … (page 3)" In my opinion the use of past tense (simple past) would be more appropriate. Furtherly, instead of "presented CLH as the initial main symptom (page 4)" it should read "CLH presented as the initial main symptom". Another example: Beneath the "Results" section there is a subheading "Pathologies". I would like to recommend to change this subheading into "Anatomical correlates of CLH". On page 5 there are two brackets side by side: (6.1%) (23 case 1 and 2, 33, 40). Better: (6.1%; 23, case 1 and 2, 33, 40). Page 7: "Mainardi F explained". Better: "Mainardi et al. (2020) explained". Page 9: "neuroimaging may be normal". Better: „neuroimaging results may be normal".