

PEER-REVIEW REPORT

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Title: Interstitial Lung Disease Induced by the Roots of *Achyranthes japonica* Nakai:
Three case reports and review of literature

Reviewer's code: 03854789

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor, Chief Physician

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

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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 Grade E: Do not publish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 checked="" type="checkbox"/> Minor revision <input 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

The authors described 3 patients diagnosed with herb-induced interstitial lung disease after consuming boiled the root of *Achyranthes japonica* Nakai. After treatment with systemic glucocorticoid therapy and discontinuation of the root of *Achyranthes japonica* Nakai, their symptoms improved, and almost all ground-glass opacities and patchy consolidations on chest radiography and chest computed tomography resolved. These cases serve as a warning for the diagnosis, treatment and prognosis of herbal-induced interstitial lung disease. Below are some comments.

1. As far as I know, the diagnosis and classification of patients with interstitial lung disease require a combination of high-resolution CT and pathological biopsy. Does this information also need to be integrated for the diagnosis and classification of drug-mediated interstitial lung disease? For the patients whose chest computed tomography showed bilateral ground-glass opacities with patchy consolidation, how should we identify other diseases such as inflammation of the lungs? I think the author needs to elaborate further in the text.
2. For the treatment of interstitial lung disease, studies have concluded that routine use of glucocorticoids has no positive effect on the prognosis of the disease, and the guidelines do not advocate routine use of glucocorticoids, but only glucocorticoids shock therapy for acute exacerbations of interstitial lung disease. Is there any guideline recommendation or clinical report on the use of glucocorticoids for drug-mediated interstitial lung disease? Or is it just the single-center experiential therapy? It is necessary for the author to elaborate further in the discussion.
3. There are many spelling and grammar mistakes in the text. The author needs to check the text further and correct it. For example, Line 47 "SUMMURY" might be "SUMMARY", Line 62 "interstial" might be "interstitial", etc.