

## PEER-REVIEW REPORT

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

**Manuscript NO:** 69094

**Title:** Full recovery from chronic headache and hypopituitarism caused by lymphocytic hypophysitis: A case report

**Provenance and peer review:** Unsolicited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05212164

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Postdoc

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

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

**Manuscript submission date:** 2021-06-16

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-06-16 15:17

**Reviewer performed review:** 2021-06-17 00:38

**Review time:** 9 Hours

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 Grade E: Do not publish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

Major strengths: 1. Clinical relevance. Major weaknesses: 1. There are insufficient descriptions, including incorrect citations, in the introduction and discussion, which need to be revised significantly. 2. No description regarding MRI findings of other types of hypophysitis or how to narrow down the differentiation, which is often challenging and important in daily practice. Specific comments: Throughout this manuscript, the language needs to be significantly improved; the authors should do some additional proofreading on it. This must be crucial. [Introduction (line 40-41)] “accounting for approximately 70% of all causes of PAH” should be inserted in the previous sentence. [Introduction (line 43-44)] “a clinical or pathological diagnosis may lead to an underestimation of...” seems odd (underestimation is not introduced by the diagnosis itself, but the counting method). [Introduction (line 44-45)] according to the cited article [5], the frequency was not noted as 60%. [Introduction (line 46)] “sellar region tumors” Since it is stated in the plural, please give other examples. [Introduction (line 48-52)] this sentence is quite similar to the previous one. [Introduction (line 56-58)] the cited article here [11] is a case report of xanthomatous hypophysitis, and there is no description of clinical manifestations of LYH. The authors should not confuse the symptoms caused by inflammation with those caused by the mass effect. [Introduction (line 61)] What does “homogeneous headache” mean? [Case report (line 92-94)] How were the other types of hypophysitis ruled out? (Or did the patient receive an empirical treatment before reaching a definitive diagnosis?) Please describe any other laboratory and radiological findings the authors used to differentiate. [Case report (line 101-103)] Were these test results obtained before or after the treatment described above? If they were done before

the treatment, these results should be moved above. [Case report (line 108-109)] “thinning and centering of the pituitary stalk” is in contradiction with the description above in line 80, where the pituitary stalk did not deviate on the initial MRI. [Discussion (line 146-147)] “Headache is also the most common complaint in the first neurosurgical consultation with an incidence of 89% [10].” There is no corresponding data supporting this sentence in the cited article [10]. [Discussion (line 152)] “DPIDH” -> CPIDH [Discussion (line 169-170)] “Secondary adrenal hypofunction is the most common endocrine disorder in LYH (60%) followed by TSH, gonadotropins and prolactin” -> Please correct this sentence. TSH, gonadotropins, and prolactin do not follow the secondary adrenal hypofunction, but their endocrine deficiencies do. [Discussion (line 181-184)] The authors should state how the LYH can (or cannot) be differentiated from other types of hypophysitis. The following are some examples of the relevant references to consider in terms of MRI findings of hypophysitis: [PMID: 32763900, 20651017, 26181544, 24165017]. [Discussion (line 192-193)] “Our patient's score was -8, favoring a diagnosis of hypophysitis LYH.” This should be stated in the Results before adding any discussion on it. [Discussion (line 206-208)] “Surgical treatment may contribute to permanent relief of headache, whereas headache and visual field defects usually improve shortly after treatment” This sentence is confusing. Does the latter “treatment” indicate a nonsurgical one? [Discussion (line 208-213)] This sentence does not make any sense. [Figure 1] optical cross -> optic chiasm; tail arrow & arrow tail -> arrow; triangular arrowheads -> arrowhead [Figure 1D] The arrowhead is not pointing to the pituitary gland but bone. [Figure 1E] The arrowhead is overlaying the pituitary gland. [Figure 2] dural caudal sign -> dural tail sign; “Pretreatment postgadolinium-enhanced coronal MRI shows the cavernous sinus (arrow) (B) with no significant changes after treatment compared to pretreatment (arrow) (D).” Do the arrows indicate the LYH involvement of the cavernous sinus? If so, please revise the sentence correctly.

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Reviewer's code:** 05212164

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Postdoc

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

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

**Manuscript submission date:** 2021-06-16

**Reviewer chosen by:** Jia-Ping Yan

**Reviewer accepted review:** 2021-07-09 00:55

**Reviewer performed review:** 2021-07-09 01:11

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input checked="" 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 type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [ ] Yes [Y] No

#### **SPECIFIC COMMENTS TO AUTHORS**

I don't see any Discussion this time. Was the Discussion removed? Why?

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**Peer-review model:** Single blind

**Reviewer's code:** 02536349

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Doctor, Professor

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

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

**Manuscript submission date:** 2021-06-16

**Reviewer chosen by:** Jing-Jie Wang (Online Science Editor)

**Reviewer accepted review:** 2021-12-06 17:55

**Reviewer performed review:** 2021-12-06 18:54

**Review time:** 1 Hour

<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
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<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

statements

Conflicts-of-Interest: [ ] Yes [Y] No

#### **SPECIFIC COMMENTS TO AUTHORS**

Dear Authors, The manuscript is well handled for language and vocabulary . except word "bother" , the sentence "the headache did not bother the patient because the headache was tolerable" can be re-written. Another comment is about exclusion of IgG3 hypophysitis. Solely normal IgG4 or IgG levels not sufficient to exclude it. Biopsy confirmation is also essential. Other organs as parotis, pancreas (HISORT criteria), etc. had to be checked for IgG4 diseases. A literature recommendation: by Bando et al. <https://ej.e.bioscientifica.com/view/journals/eje/170/2/161.xml> thank you for your effort.