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PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 69817

Title: Tuberculosis-associated hemophagocytic lymphohistiocytosis misdiagnosed as systemic lupus erythematosus: A case report and literature review

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06118358
Position: Peer Reviewer
Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: China

Manuscript submission date: 2021-07-12

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-07-13 08:43

Reviewer performed review: 2021-07-14 10:46

Review time: 1 Day and 2 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

It is very interesting that Yi Yang and his colleague put a case with Tuberculosis-associated hemophagocytic lymphohistiocytosis misdiagnosed as systemic lupus erythematosus. However, there were certain points to notice. 1. For the case presentation, the Visiting time on the hospital should be noticed. Moreover, the exact time for the examinations should also be recommended. 2. It would be great if the treatment line figure should be added. 3. It is a pity that the patient was not followed up to outpatient. Therefore the routine blood tests after treatment were missing.

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Reviewer's code: 03260869
Position: Editorial Board
Academic degree: MD, MSc
Professional title: Doctor, Full Professor, Professor
Reviewer's Country/Territory: Egypt
Author's Country/Territory: China

Manuscript submission date: 2021-07-12

Reviewer chosen by: Li Ma

Reviewer accepted review: 2021-07-19 18:25

Reviewer performed review: 2021-07-27 16:09

Review time: 7 Days and 21 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

I think this manuscript needs meticulous revision of platelet number throughout. The patients platelets were platelets 64*109/L, only at the regional hospital before admission to the authors' hospital. Since then the counts mentioned in the manuscript are: Page 6: Laboratory tests showed anemia (red blood cell (RBC) count 3.11*1012/L, hemoglobin (HGB) 89 g/L, WBC count 2.59*109/L, neutrophil (NEU) count 2.13*109/L, PLT count 276*109/L), and routine urine tests demonstrated protein (++) and proteinuria (1.15 g/24 h). Page 9: PLT count 264*109/L. Page 9: PLT count 199*109/L Page 9: PLT count 293*109/L Page 10: According to the HLH-2004 criteria, given the presence of cytopenia (Hb <90 g/L; platelet <100 × 109/L; 2 out of 3 lineages), or else it is only one cell lineage. Page 11: Y (hemoglobin 53 g/L, platelets 64*109/L) (Table 2) The SLE score has to be revised: Page 7: Relative weights of the additive classification criteria items (positive ANA was the entry criterion). The patient's SLE classification score was 26 according to the 2019 EULAR/ACR classification criteria. SLE can be diagnosed based on a score of 10 or more if the entry criterion is fulfilled. From table 1 score is 29, without thrombocytopenia, score is 25 Page 9: Fifteen days after discharge, the patient was readmitted with fever. (kindly mention how much) Page 9: Methylprednisolone (24 mg QD po) and hydroxychloroquine sulfate (200 mg BID po) were started. After 2 days, the patient felt much better, her fever subsided, and her appetite improved. Page 9: We adjusted the treatment plan to intravenous methylprednisolone (40 mg/day QD) for 1 day. Page 9: We increased the dosage of methylprednisolone (80 mg/day QD) again Despite the afore-mentioned steroid therapy, the authors did not count known immunosuppression in the HScore for HLH, which adds 18 points to the score. I

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cannot understand why SLE as a diagnosis was excluded with this heavy proteinuria that cannot be accounted for by either TB or HLH. It is more palatable to consider that the patient had lupus induced HLH and was complicated by reactivation of TB by immunosuppression received in the form of steroids.