

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 70362

Title: Pulmonary Cladosporium infection coexisting with subcutaneous Corynespora cassiicola infection in a patient: A case report and literature review

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00188507

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Doctor, Full Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-07-31

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-08-01 00:50

Reviewer performed review: 2021-08-01 01:02

Review time: 1 Hour

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 Grade E: Do not publish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



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Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

The authors reported the case of *Cladosporium* infection with subcutaneous *Corynespora cassicola* infection having CARD9 mutation. It seems the case was in the rare situation and therefore, can be considered for further review in this journal, however, there are several concerns to be clarified prior for the further review. 1. While the authors reported the history and laboratory exams, they should include the information regarding inflammation and immune deficient conditions (like, WBC value, CRP, and HIV antibodies, etc). 2. The authors may want to include the images of subcutaneous lesions for showing the clinical courses. 3. The information regarding the detecting the mutation is poorly described. They should add the description regarding the methods to detect the mutation.