

## PEER-REVIEW REPORT

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

**Manuscript NO:** 71706

**Title:** Gastrointestinal amyloidosis in a patient with smoldering multiple myeloma: A case report

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

**Peer-review model:** Single blind

**Reviewer's code:** 03290608

**Position:** Peer Reviewer

**Academic degree:**

**Professional title:**

**Reviewer's Country/Territory:** Reviewer\_Country

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

**Manuscript submission date:** 2021-09-21

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-09-23 02:47

**Reviewer performed review:** 2021-09-30 13:03

**Review time:** 7 Days and 10 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" 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 Grade E: Do not publish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 type="checkbox"/> Yes <input checked="" 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

## SPECIFIC COMMENTS TO AUTHORS

Ailing Liu and colleagues present a case report and literature review about gastrointestinal amyloidosis in a patient with smoldering multiple myeloma. The topic has particularity and novelty. This case highlights that high index of suspicion is required to diagnose gastrointestinal AL. For the most part the article is clearly written but there are several important issues that need clarification.

- 1.The patient was finally diagnosed with SMM coexisting with AL. Was AL caused by MM? The article was not described in detail.
- 2.The author emphasized that the patient had no hypercalcemia, renal dysfunction, anemia or bone lesions. But laboratory investigations revealed anemia. It is a contradiction.
- 3.How long did the patient remain in outpatient treatment after discharge? It was not mentioned whether the patient had been on maintenance therapy.
- 4.When was the specific onset of the patient? It was not mentioned in the full text. And what was the recovery status of the patient after the first treatment? Only symptoms were mentioned, no changes in laboratory markers or bone marrow recovery. What was the trend of urinary kappa chain and lambda chain?
- 5.The authors mentioned patient received one session of inpatient chemotherapy with vindesine , epirubicin and dexamethasone. But what were the specific uses of these important chemotherapy drugs?
- 6.As described in the article, this case had typical gastrointestinal symptoms. Timely diagnoses can help to improve the prognosis of these patients. What are the main differential diagnoses of gastrointestinal diseases?
- 7.How to understand “echocardiography revealed myocardial amyloidosis” in follow-up section? Did it mean the progression of the disease? It is a best to give an explanation accordingly.
- 8.Did the patient have any complications during treatment? You would better illustrate

whether or not. 9. As described in the discussion, the cause of anemia in the present case was gastrointestinal bleeding rather than bone marrow failure due to MM. If so, It could be iron deficiency anemia. Relevant evidence was not mentioned. 10. The diagnostic criteria of SMM are as follows: monoclonal protein level  $\geq 30\text{g/L}$ , 24 hour-urine immunoglobulin light chain  $\geq 0.5\text{g}$ , or 10%–60% clonal marrow plasmacytosis with the absence of end-organ damage and biomarkers of malignancy. It means we cannot diagnose SMM without monoclonal protein level  $\geq 30\text{g/L}$ . As described in the laboratory examinations, serum protein electrophoresis and immunofixation were negative. It was inconsistent with the diagnoses. 11. The English writing needs to be substantially improved. From what has been discussed above, I suggest it should be rejected or overhauled.

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**Reviewer's code:** 05350625

**Position:** Editorial Board

**Academic degree:** FCPS, MBBS

**Professional title:** Assistant Professor

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

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

**Manuscript submission date:** 2021-09-21

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-10-18 04:28

**Reviewer performed review:** 2021-10-18 04:42

**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
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<b>Peer-reviewer statements</b>	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 present a relatively rare case which is interesting for the readership of the journal. The article is well written and concise. Few specific comments are as follows: 1. The authors need to define the methodology of their literature search including the time period and search channels utilized. 2. There is another report from L. A. T. M. Liyanaarachchi et al (<https://jpgim.sljol.info/articles/abstract/10.4038/jpgim.8141/>) that should be mentioned. 3. A table should be included to compare the study findings with those of the literature review to present comprehensively