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PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 72303

Title: Yellow nail syndrome accompanied by nephrotic syndrome: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code:05142912
Position: Peer Reviewer
Academic degree:MBBS

Professional title: Doctor

Reviewer's Country/Territory: Saudi Arabia

Author's Country/Territory: China

Manuscript submission date:2021-10-13

Reviewer chosen by:AI Technique

Reviewer accepted review: 2021-10-13 16:41

Reviewer performed review:2021-10-13 16:56

Review time:1 Hour

Scientific quality	[] Grade A: Excellent[] Grade B: Verygood[] Grade C: Good [Y] Grade D: Fair[] Grade E: Do not publish
Language quality	[] Grade A: Prioritypublishing[Y] Grade B: Minor languagepolishing[] 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	[]Yes [Y] No
Peer-reviewerstatements	Peer-Review:[Y]Anonymous[] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

To whom it may concern,Good day. It is an interesting case.However, it needs grammatic and spelling correction.The discussion is missing some references. The discussion part is short, could you elaborate more? For example, about imaging to diagnose pleural effusion, axillary lymph node? Scintigraphy in lower limbs?Is there is any role of axillary lymph node biopsy in diagnosis?Thank you

Response: Thanks for your helpful advice! We go over the article carefully and seek the help of a polish company in order to ensure all grammatical, syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement. The discussion section, as you say, is too brief. So we rewrite the discussion part and include the section you suggested. The imaging to diagnose pleural effusion, axillary lymph node has been described in this article. Pleural effusions and abdominal effusions suggest exudative and mainly lymphocytes. Pleural effusions suggest chylothorax, leading us to further examine lymphatic system diseases. Lymph node biopsy revealed proliferative lesions of the lymphoid tissue, lymphatic sinuses and lymphoid follicles which confirms our suspicions. Lymphoscintigraphy is an effective imaging modality which is widely used for differential diagnosis of lymphedema and for determining the extent of the disease. Lymphoscintigraphy of this case revealed that lymphatic vessels of the right lower limb were interrupted and collateral circulation appeared in the lymphatic vessels below the left knee which resulted in edema of bothlower limbs. All of these outcomes combined with patient's yellow nails, we considered YNS.

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Reviewer's code:00503254
Position: Editorial Board
Academic degree:MD, PhD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date:2021-10-13

Reviewer chosen by:AI Technique

Reviewer accepted review: 2021-11-04 06:10

Reviewer performed review:2021-11-17 05:20

Review time:12 Days and 23 Hours

Scientific quality	[] Grade A: Excellent[] Grade B: Verygood[Y] Grade C: Good [] Grade D: Fair[] Grade E: Do not publish
Language quality	[] Grade A: Prioritypublishing[Y] Grade B: Minor languagepolishing[] Grade C: A great deal of language polishing[] Grade D: Rejection
Conclusion	[] Accept (High priority)[] Accept(General priority) [Y]Minor revision[]Major revision[] Rejection
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Conflicts-of-Interest:[]Yes[Y] No

SPECIFIC COMMENTS TO AUTHORS

In this manuscript, the authors report a case of yellow nail syndrome (YNS) accompanied by nephrotic syndrome (NS).This case report is clinically useful. However, the following points need to be addressed.Major comment:The relationship between YNS and NS is not clear in the manuscript. Therefore, the authors should describe the pathogenesis of NS.Minor comment:The authors should show the clinical course, including the treatment, in a Figure.

Response: Thank you for your recognition of this article. Thepathogenetic association between the YNS and minimal change NS is unclear, Yanez et al suggested a casual relationship between the two disorders. Gupta et al found a striking deficiency of naive CD4+ and CD8+ T cells and total B cells, and increased transitional B cells in YNS patients. Furthermore, the dysfunction of T cells and B cells has been confirmed to play a central role in minimal change nephrotic syndrome. We infer that patients with YNS may have extensive lymphatic dysfunction, and renal lymphatic drainage is blocked, resulting in antibody stasis and deposition in the glomerular capillary network, leading to the pathophysiological change of nephrotic syndrome. With regard to your suggestion that we should show the clinical course, including the treatment, we think it very necessary, so we draw figure 4. The figure shows the changes of serum albumin and urinary protein, clinical manifestations and therapeutic drugs were summarized in chronological order.