

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 77433

Title: Persistent Diarrhea with Petechial Rash: Unusual Pattern of Light Chain Amyloidosis Deposition on Skin and Gastrointestinal Biopsies Case Report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03604107

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: Albania

Author's Country/Territory: United States

Manuscript submission date: 2022-04-29

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-30 14:15

Reviewer performed review: 2022-05-06 15:55

Review time: 6 Days and 1 Hour

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Re-review	[]Yes [Y]No



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

SPECIFIC COMMENTS TO AUTHORS

It is a very good paper, with clear importance for the everyday practice (family doctors; gastroenterologists) Some suggestions: 1. No explanation of the acronym AL amyloidosis (amyloid-light chain): please add one at the start of the article. 2. What do you mean 'outpatient daratumumab'? Is that a treatment the patient had once discharged from the hospital? The two-word combination makes little sense. 3. Both images on histopathology(Figure 3, Figure 5) shown no magnification at all. What was the microscopic magnification of the images ?



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Reviewer's code: 06130469

Position: Peer Reviewer

Academic degree: Doctor

Professional title: Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: United States

Manuscript submission date: 2022-04-29

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-29 21:10

Reviewer performed review: 2022-05-09 18:43

Review time: 9 Days and 21 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [Y] Grade D: Fair [] Grade E: Do not publish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	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors present a case report of persistent Diarrhea with petechial Rash that was revealed to be a AL Amyloid Deposition on Skin and on Gastrointestinal Biopsies. The title is complete according to the CARE checklist and the core of the manuscript as the abstract. The introduction section is complete and informative. In case presentation section more: why if the symptoms were suspicious of chron disease, why were antibiotics prescribed and additionally why he wasn't he admitted in the first place with this history? This part is incomplete: "Initial labs revealed anemia (values must be added), among other markers suggestive of hypovolemia. How many platelets? Inflammatory markers were within normal limits. How was Calcium, and creatinine levels? Protein and albumin? Labs showed high stool lactoferrin of $332.15 \ \mu g/mL$ (normal range 0 – 7.24 μ g/mL) and high pro-BNP of 10,212 pg/mL (ERROR, this value is low) (normal range < 125 pg/mL). Folate and thiamine labs were low. Urinalysis was remarkable for proteinuria of 100 mg/dL and the presence of numerous hyaline casts and coarse granular casts. In the CT, the bones were normal? The discussion is incomplete. The diagnostic process is very poor. "Upon extensive chart review, the patient presented to an outpatient clinic with diarrhea and hematochezia seven months prior to the patient's first colonoscopy. At that time, the patient's symptoms were attributed to probable hemorrhoids". In a patient with hematochezia and diarrhea and 18 kg weight loss, the first diagnostic hypothesis can't be hemorrhoids. The diagnostic process in case of weight loss, diarrhea and hematochezia should be described better. Even if the case is interesting, the diagnostic approach was really poor.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06130469

Position: Peer Reviewer

Academic degree: Doctor

Professional title: Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: United States

Manuscript submission date: 2022-04-29

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-06-07 09:01

Reviewer performed review: 2022-06-07 09:10

Review time: 1 Hour

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) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous





statements

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

SPECIFIC COMMENTS TO AUTHORS

The authors have answered all my questions.

"high pro-BNP of 10,212 pg/mL" maybe

it is 102,12pg/ml.