



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 79238

Title: Multiple myeloma presenting with amyloid arthropathy as the first manifestation:
two case reports and a literature review

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06139976

Position: Peer Reviewer

Academic degree: Doctor, MD

Professional title: Doctor, Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-08-20

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-21 00:34

Reviewer performed review: 2022-08-21 04:25

Review time: 3 Hours

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 Grade E: Do not publish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 checked="" type="checkbox"/> Grade B: Minor language polishing <input 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 checked="" type="checkbox"/> Minor revision <input 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 type="checkbox"/>] Anonymous [<input checked="" type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

This is an excellent case reports on multiple myeloma-associated amyloid arthropathy (MAA). The case presentation, discussion and results are both generally well described. I would advise that this report could be even better. I hope you will find it helpful. [Regarding case 1] The patient presented with inflammation of muscles, ligaments and joints throughout the body as of August 2018. The diagnosis at this point was 'arthritis', but what was presumed to be the cause? And if the joint fluid obtained during the injection treatment of both knees and shoulders joints had been examined in pathological detail, would the patient have been led to a more appropriate diagnosis and treatment at an earlier stage? [Regarding case 2. The patient is described as having started walking in the first post-operative month. The rehabilitation of a patient with multiple myeloma (MM) who is prone to fractures requires close attention. Were there any special efforts made in the patient's rehabilitation? [Discussion. The authors describe in detail the differentiation and complications of rheumatoid arthritis (RA) and MAA. How is the relationship between these diseases considered? For example, does RA exacerbate MAA or vice versa? The authors plainly state that MAA should be considered as one of the differential diseases in arthritis associated with renal failure and anaemia. I agree with this opinion. However, patients requiring treatment for arthritis often have diabetes and hyperuricaemia. In such cases, anaemia and renal failure are common complications. Therefore, it is not practical to perform congo red or crystal violet staining in all arthritis operations with renal failure and anaemia. Are there any additional symptoms that the authors consider useful to further suspect MAA?



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Peer-review model: Single blind

Reviewer's code: 05937294

Position: Editorial Board

Academic degree: MD

Professional title: Research Fellow

Reviewer's Country/Territory: Iran

Author's Country/Territory: China

Manuscript submission date: 2022-08-20

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-20 15:44

Reviewer performed review: 2022-08-21 10:49

Review time: 19 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input 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 checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

the authors presented to cases of Amyloid Arthropathy as the first manifestation of multiple myeloma. this manuscript is well written, the explanation is complete and the related figures have been added. I think it is ready to publish.



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Peer-review model: Single blind

Reviewer’s code: 06303021

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer’s Country/Territory: China

Author’s Country/Territory: China

Manuscript submission date: 2022-08-20

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-23 06:09

Reviewer performed review: 2022-08-29 01:19

Review time: 5 Days and 19 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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

These are two interesting cases, which are of great significance to the clinical diagnosis of MM complicated with amyloidosis. question 1The pictures are blurred. Can you provide clear pictures? 2 It is best to summarize it into diagnostic points. 3 Myeloma-FISH [del(17p), IgH translocations, del13, 1q21 gain, and Rb1 deletion) were negative? All these are negative? 4 median nerve lysis? Median neurolysis? Should it be median nerve release? 5 Can it be concluded that amyloidosis should also be considered when MM has joint symptoms? Suggest publication These are two interesting cases, which are of great significance to the clinical diagnosis of MM complicated with amyloidosis. question The pictures are blurred. Can you provide clear pictures? It is best to summarize it into diagnostic points. Myeloma-FISH [del(17p), IgH translocations, del13, 1q21 gain, and Rb1 deletion) were negative? All these are negative? median nerve lysis? Median neurolysis? Should it be median nerve release? Can it be concluded that amyloidosis should also be considered when MM has joint symptoms? Suggestions are revised and published after review



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Peer-review model: Single blind

Reviewer's code: 06288143

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2022-08-20

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-24 00:14

Reviewer performed review: 2022-09-02 10:36

Review time: 9 Days and 10 Hours

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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SPECIFIC COMMENTS TO AUTHORS

The text under review is very interesting and well written. The pictures add curiosity to the manuscript. The sections into which the text is divided are well organized and understandable. In the discussion, however, I recommend emphasizing the trend of signs of arthropathy in relation to myeloma treatment if a common trend was observed in selected patients. I also recommend enriching the bibliography by citing the work of authors who have been interested in the same topic before you. In addition, it is rare that informed consent is obtained before a case report is published. In the text you also refer to patients who died before submission of the manuscript; if possible, could you clarify the information regarding this aspect? Kind regards