

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 80094

Title: Allergic bronchopulmonary aspergillosis with marked peripheral blood eosinophilia and pulmonary eosinophilia: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05397484

Position: Peer Reviewer

Academic degree: MD

Professional title: Assistant Professor, Director, Doctor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2022-09-20

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-09-20 12:30

Reviewer performed review: 2022-09-26 05:07

Review time: 5 Days and 16 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 Grade E: Do not publish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 type="checkbox"/> Grade C: A great deal of language polishing <input checked="" 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

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

SPECIFIC COMMENTS TO AUTHORS

Dear Author Thank you for the opportunity to review the manuscript titled " Allergic bronchopulmonary aspergillosis almost misdiagnosed as eosinophilic pneumonia - a case report". This was a very typical presentation of a case of ABPA and I had the pleasure of reading and reviewing it. Comments / Suggestions: 1. Abstract could have been written in a better way to reflect the case. Abstract did present a typical case of ABPA. I am not sure if the authors wanted to highlight something special about the case, if that is so the abstract need to re-written. 2. A case report is not complete without a review of literature showing the number of cases reported earlier to show if it is a very rare presentation. I think several and too many cases of ABPA have been reported in the literature. If the authors wanted to discuss a case with atypical presentation or diagnostic challenges faced during its encounter, it need to be highlighted in the abstract and discussed well under " Discussion". 3. Abstract starts with " Allergic bronchopulmonary angiogenesis " and I think the authors meant " Aspergillosis". 4. The authors have not discussed, why this was almost a missed diagnosis of pulmonary eosinophilia, when the presentation and laboratory work up is very classic of ABPA. Its unusual to consider idiopathic pulmonary eosinophilia in patient with a history of Asthma, presenting with 15 years history of intermittent symptoms, without fever and focal pulmonary infiltrate than a more diffused opacities found in eosinophilic pneumonia. The authors have done a wonderful job taking a detailed history that also suggested no exposure of the patient to endemic parasite areas. 5. As per the criteria proposed by the International Society of Human and Animal Mycology working group for ABPA, this case easily meets the criteria for ABPA. Was a Immediate prick skin test

followed by intradermal reactivity to *Aspergillus* performed? Because a negative for both can exclude ABPA from consideration and obligates further investigation to look for eosinophilic pulmonary syndromes. 5. About writing: The article demonstrates a very passive tendency in writing style, poor sentence phrasing and too many grammar errors and I feel will need a major revision.

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05153399

Position: Editorial Board

Academic degree: MSc, PhD

Professional title: Adjunct Professor, Assistant Professor, Professor, Research Scientist

Reviewer's Country/Territory: Mexico

Author's Country/Territory: China

Manuscript submission date: 2022-09-20

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-11-01 16:03

Reviewer performed review: 2022-11-01 17:14

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 checked="" type="checkbox"/> Grade A: Priority publishing <input 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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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

SPECIFIC COMMENTS TO AUTHORS

The case report is quite interesting. The content of the manuscript is well described and clear, nevertheless some points must be taken into consideration. 1.-It would be helpful discussing the finding of IgE >5000 which could also lead to suspecting of other syndromes. Since the IgE levels were of >5000 and treatment goal was reducing 35% of its concentration. Also specific IgE was only of 66.4 ku/L, manuscript is not clear mentioning if it is sIgE. 2.- Some abbreviations should be included in the manuscript ; EGPA,CT lines 34 and 42 3.- Finally, it is not clear at what point of the diagnostic / treatment the AGPA could be misdiagnosed. Including this to case presentation/discussion would be helpful for the readers.