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## **PEER-REVIEW REPORT**

Name of journal: World Journal of Clinical Cases

Manuscript NO: 80418

**Title:** Polyarteritis nodosa presenting as leg pain with resolution of PET-images: a case report.

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

Reviewer's code: 03202427

**Position:** Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor, Director

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

Manuscript submission date: 2022-09-27

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-11-13 13:45

Reviewer performed review: 2022-11-26 09:02

Review time: 12 Days and 19 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	<ul> <li>[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing</li> <li>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection</li> </ul>
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] 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

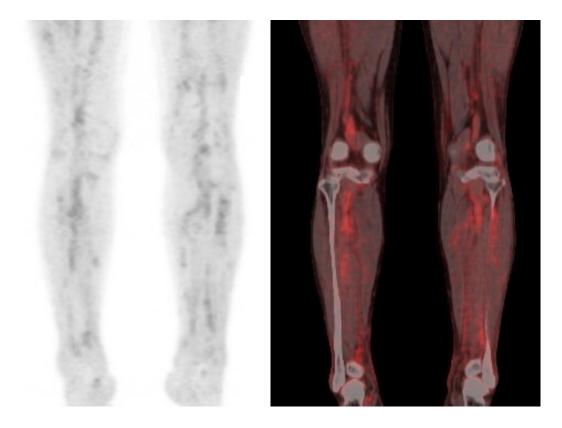
1.Please state why you choose PET/CT instead of CTA, MRA or ultrasound B?

-> Answer: While the patient was worked up to diagnose, the patient's renal function was reduced as shown elevated creatinine level, thus, CTA and MRA were not taken because of a concern that the renal function would deteriorate due to contrast agent exposure. Ultrasonography was performed, but it was not detected definite inflammation and difficult to make a clear diagnosis due to the size of involved blood vessel. Therefore, we selected PET/CT instead of CTA, MRA or ultrasound and implemented.

2.Please replace the blur image to a clear one.

-> Answer: As your thoughtful recommendation, we changed the image to a clear one.

Fig 1A





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Fig 1B

