

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Surgery*

**Manuscript NO:** 85335

**Title:** Acute flare of systemic lupus erythematosus with extensive gastrointestinal involvement: A case report and review of literature

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 04161613

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** United States

**Author's Country/Territory:** China

**Manuscript submission date:** 2023-04-24

**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-05-11 08:23

**Reviewer performed review:** 2023-05-15 16:26

**Review time:** 4 Days and 8 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 Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	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 authors must define the terms lupus enteritis and lupus mesenteric vasculitis early in the manuscript. Lupus enteritis is often used as a more generic form and has been defined as vasculitis or inflammation of the small bowel. Histologic evidence of vasculitis is often not confirmed histologically, as in this case. The patient had a follow-up ultrasound which confirmed clinical improvement. Why was this and other laboratory work repeated as the patient was clinically improved? The indication for a CT scan vs. ultrasound is unclear as both are used in diagnosis and follow-up. Is the ultrasound a "screening" test? In the treatment subheading, the intravenous and oral methylprednisolone dose needs to be clarified. Was the dose of intravenous methylprednisolone tapered to 40 mg because the patient received 36mg/day of oral methylprednisolone? When was the intravenous methylprednisolone stopped, and what was the patient's oral dose at discharge? The outcome and follow-up section is a repeat of the patient's initial test, which was normal or improved. The authors would have preferred to repeat the CT scan but opted for an ultrasound because of accessibility. This brings me to my original point of whether this test is necessary and what is the benefit of

using one imaging modality over the other. Can this section be summarized without repeating all the tests to demonstrate that they are normal? The following paragraph (last one in the discussion session) can be moved under the paragraph were there was a discussion of LMV : “Regarding LMV, abdominal enhanced CT is an important examination technique that can reveal thickened and swollen bowel walls. CT manifestations of LMV included abnormal enhancement of the intestinal wall with edema (target sign) and mesenteric vascular filling (comb sign). The CT diagnosis of ischemic bowel is based on the presence of at least three of the following five signs: bowel wall thickening, the target sign, dilatation of intestinal segments, engorgement of mesenteric vessels, and mesenteric fat stranding[10]. Moreover, in patients with SLE who experience abdominal pain, non-invasive investigations such as ultrasonography can be considered[11] as it enables the visualization of edematous thickening of the small intestine, in which the submucosal edema of the Kerckring fold resembles an accordion[12]. Therefore, ultrasonography is useful in both the diagnosis and follow-up of LMV.” The paragraph should now read “The pathophysiology of LE is similar to that of lupus mesenteric vasculitis (LMV), an immune-mediated vasculopathy characterized by immune complex deposition and complement activation[4]. The submucosa, filled with a mild diffuse inflammatory infiltrate of mononuclear cells, becomes edematous, and a hemorrhage can be observed mostly in the muscular and subserosal layers. Fibrinoid necrosis, leukocytoclasia on the vascular wall, and fibrin thrombus formation can be observed in the subserosal vessels. Mesenteric vasculitis is one of the most devastating complications of SLE, with an estimated prevalence of 0.2-9.7% among all patients with SLE and 29-65% in patients who manifested abdominal pain[5]. Regarding LMV, abdominal enhanced CT is an important examination technique that can reveal thickened and swollen bowel walls. CT manifestations of LMV included abnormal enhancement of the intestinal wall with edema (target sign) and



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mesenteric vascular filling (comb sign). The CT diagnosis of ischemic bowel is based on the presence of at least three of the following five signs: bowel wall thickening, the target sign, dilatation of intestinal segments, engorgement of mesenteric vessels, and mesenteric fat stranding[10]. Moreover, in patients with SLE who experience abdominal pain, non-invasive investigations such as ultrasonography can be considered[11] as it enables the visualization of edematous thickening of the small intestine, in which the submucosal edema of the Kerckring fold resembles an accordion[12]. Therefore, ultrasonography is useful in both the diagnosis and follow-up of LMV.”

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**Reviewer's code:** 00724263

**Position:** Peer Reviewer

**Academic degree:** MSc, PhD

**Professional title:** Assistant Professor, Senior Scientist

**Reviewer's Country/Territory:** Slovakia

**Author's Country/Territory:** China

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**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-05-31 06:01

**Reviewer performed review:** 2023-06-08 13:10

**Review time:** 8 Days and 7 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
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	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

Systemic lupus erythematosus is currently underdiagnosed, or misdiagnosed especially with other associated diseases, so article is interesting. However, I would like to suggest some changes before publication. First, even article is dealing with interesting topic and shows some influences between SLE and gastrointestinal disorders is poorly to news. This is what I miss in introduction and in discussion also deeper explaining pathophysiology of this process. Others article is nice, but not too much scientific attractive.

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Reviewer's code:** 00724263

**Position:** Peer Reviewer

**Academic degree:** MSc, PhD

**Professional title:** Assistant Professor, Senior Scientist

**Reviewer's Country/Territory:** Slovakia

**Author's Country/Territory:** China

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**Reviewer chosen by:** Cong Lin

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**Reviewer performed review:** 2023-07-11 07:08

**Review time:** 1 Day and 5 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 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
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

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

#### **SPECIFIC COMMENTS TO AUTHORS**

Now seems like better and can be published.