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# PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 85400

**Title:** Postpartum Hemophagocytic Lymphohistiocytosis : Insights from a Case Report and Literature Review

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

**Peer-review model:** Single blind

**Reviewer's code:** 05382254
**Position:** Peer Reviewer
**Academic degree:** MD
**Professional title:** Assistant Professor, Associate Chief Physician, Doctor
**Reviewer's Country/Territory:** China
**Author's Country/Territory:** South Korea

**Manuscript submission date:** 2023-04-26

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

**Reviewer accepted review:** 2023-06-16 06:40

**Reviewer performed review:** 2023-06-17 03:19

**Review time:** 20 Hours

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|---|---|
| **Scientific quality** | [ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good<br>[ ] Grade D: Fair [ ] Grade E: Do not publish |
| **Novelty of this manuscript** | [ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair<br>[ ] Grade D: No novelty |
| **Creativity or innovation of this manuscript** | [ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair<br>[ ] Grade D: No creativity or innovation |

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|---|---|
| **Scientific significance of the conclusion in this manuscript** | [ ] Grade A: Excellent [ Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance |
| **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** | [ Y] Yes [ ] No |
| **Peer-reviewer statements** | Peer-Review: [ Y] Anonymous [ ] Onymous |
| | Conflicts-of-Interest: [ ] Yes [ Y] No |

## SPECIFIC COMMENTS TO AUTHORS

Postpartum hemophagocytosis is rare in clinical practice, and its diagnostic and therapeutic criteria have not been clearly unified, and the pathogenesis is not well understood. Based on their own clinical experience, the authors provide a literature review and targeted discussion of this disease, which is of certain guiding value for clinical practice. The authors have a clear thought process, a reasonable article structure, and are written according to World Journal of Clinical Cases guidelines with a standardized reference format. Disadvantages: First, it is suggested that the authors revise the sentence "Only 11 cases of postpartum HLH have been reported globally[3,5]", including the two tables in the article that relate to the relevant content. Because I used keywords "Postpartum" and "Hemophagocytic Lymphohistiocytosis" for incomplete search, only with the English publication of the article retrieved three additional. Second, there are several places where spaces are missing (of course, these mistakes are not excluded because of the download of the document). 1 Lee J, Pham B, Karanjawala ZE, Adesina O. Postpartum fevers, a rare presentation of secondary hemophagocytic lymphohistiocytosis. Clin Case Rep. 2023-03-01;11(3):e7070. PMID: 36941837 DOI:

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10.1002/ccr3.7070 2 Ibarra Stone KA, Solis JG, Blanco-Lemus E, Malagón-Rangel J, Gordillo-Perez, G. Spotted Fever: An Undercover Cause of Hemophagocytic Lymphohistiocytosis in the Immediate Postpartum. CASE REP INFECT DIS. 2022-01-01;2022:3348393. PMID: 35273815 DOI: 10.1155/2022/3348393 3 B Rathna R, Dhali A, Varghese AK, H Balakrishnan C. Rare association of haemophagocytic lymphohistiocytosis (HLH) and antiphospholipid syndrome (APS) in postpartum period: a considerable overlap? BMJ Case Rep. 2022-02-02;15(2). PMID: 35110287 DOI: 10.1136/bcr-2021-247376

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**Peer-review model:** Single blind

**Reviewer's code:** 01213172
**Position:** Editorial Board
**Academic degree:** MD, PhD
**Professional title:** Chief Doctor, Full Professor, Senior Lecturer
**Reviewer's Country/Territory:** Croatia
**Author's Country/Territory:** South Korea

**Manuscript submission date:** 2023-04-26

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

**Reviewer accepted review:** 2023-06-30 14:59

**Reviewer performed review:** 2023-07-01 07:55

**Review time:** 16 Hours

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|---|---|
| **Scientific quality** | [ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good<br>[ Y] Grade D: Fair [ ] Grade E: Do not publish |
| **Novelty of this manuscript** | [ ] Grade A: Excellent [ ] Grade B: Good [ Y] Grade C: Fair<br>[ ] Grade D: No novelty |
| **Creativity or innovation of this manuscript** | [ ] Grade A: Excellent [ ] Grade B: Good [ Y] Grade C: Fair<br>[ ] Grade D: No creativity or innovation |

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

## SPECIFIC COMMENTS TO AUTHORS

Postpartum HLH is a very rare condition and deserves a publication. Making the diagnosis of HLH could be quite challenging due to the broad range of presenting symptoms and the lack of specificity. Hovewer, the reported case may not be HLH, as hemophagocytosis is neither specific nor sensitive for HLH. The patient had 4-day fever, then was afebrile? or, besides was bicytopenic with hyperferritinemia and hypertgiciceridemia. The diagnosis of HLH could be supported supported by splenomegaly, neurologic dysfunction, marked cytopenias (this patient had only mild thrombocytopenia), hypofibrinogenemia, low CRP, and characteristic cytokine profile. The dilemma about the diagnosis could be appropriately addressed.