

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 85673

Title: Anti-MD and anti-Ro52 antibody-dual positive clinically amyopathic dermatomyositis accompanied by rapidly interstitial lung disease: A case series and literature review

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05856677

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: France

Author's Country/Territory: China

Manuscript submission date: 2023-05-09

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-06-01 06:12

Reviewer performed review: 2023-06-01 07:36

Review time: 1 Hour

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 Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input 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 checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation
Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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

SPECIFIC COMMENTS TO AUTHORS

In this manuscript, Ye et al reported the clinical evolution of three patients with anti-MDA5 positive DM. The authors have made an interesting review of the literature of patients with double positivity for anti-MDA5 Abs and anti-Ro-52 Abs. The optimal management of these patients is still not codified, but the authors highlight an important message: Patients with anti-MDA5 Abs+ DM should be diagnosed at an early stage and should be treated aggressively. Another important message is that authors recommend multidisciplinary treatment suggestions for patients with anti-MDA5-associated RP-ILD patient. Here are some concerns :

- Indicate that anti-Ro52 are also named anti-TRIM21
- Table 1 : indicate normal values for each biological parameter
- For ANA screening, indicate the pattern of fluorescence observed when positive. This is important because it has been shown recently that a specific MDA5 pattern was associated with a higher risk to develop interstitial lung disease (Coutant F et al: Monoclonal antibodies from B cells

of patients with anti-MDA5 antibody-positive dermatomyositis directly stimulate interferon gamma production. J Autoimmun. 2022; PMID: 35436746). This point should be discussed in this manuscript (for instance in the section Discussion: “In clinical, multiple inflammatory indicators such as ferritin IL-18, IL-6, albumin, anti-MDA5 antibody titer, KL-6 and anti-Ro52 antibody, were associated with patient prognosis”). If the MDA5 specific pattern has not been observed with the sera of the 3 patients, then you should discussed why: different ANA technique, etc - In the Discussion section: “However, several particular cutaneous manifestations, such as cutaneous ulceration, painful palmar papules and panniculitis, were thought to be secondary to the development of interstitial lung, especially in the early stage of the disease.” The authors should detail this aspect which is interesting and which is not or little known. - In the Discussion section: “Moreover, a recent study showed that the incidence of anti-MDA5 antibody positive was 48.2% in COVID-19 patients[17”. I think that these results should be taken with caution. Indeed, although the titers of anti-MDA5 Abs are statistically higher in the non-survivals infected SARS-CoV-2 patients versus the survivals, the orders of magnitude are very low (5.95 ± 5.16 U/mL vs 8.22 ± 6.64 U/mL, $P = 0.030$). For this aspect, please read the following review: Nombel et al, Dermatomyositis With Anti-MDA5 Antibodies: Bioclinical Features, Pathogenesis and Emerging Therapies. Front Immunol, 2021. PMID: 34745149 Typos: - Table 1: change “Procalcitnin” - Section Discussion “pannuiculitis » - In the following sentence : “It is vital for clinicians to the recognize those unique cutaneous rashes”, delete “the”

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Peer-review model: Single blind

Reviewer's code: 05213310

Position: Editorial Board

Academic degree: PhD

Professional title: Adjunct Professor, Full Professor

Reviewer's Country/Territory: Saudi Arabia

Author's Country/Territory: China

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Reviewer chosen by: Geng-Long Liu

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Reviewer performed review: 2023-06-02 11:07

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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
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input 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
Scientific significance of the conclusion in 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 scientific significance
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
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

Dear Author(s), The article is mainly well-written, however there are a few minor points worth mentioning: 1. Please change the title of the article to reflect the current study's goal(s). 2. I couldn't find a line in the discussion section that explained the present study's strengths and flaws. What are the present study's future directions? I'm hoping to discover satisfactory answers to these three inquiries. 3. The study conclusion should be updated such that it shows if the research problem was handled or whether the current study attained its objectives. 4. Some of the research citations are out of date and should be updated. Please update out-of-date references with those that are less than five years old as of 2023. 5. I have a question: are the radiological images used in the present study the author(s)' own work, or were they come from somewhere else? Please respect the property rights of other parties if derived from other sources. Good Luck,

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Peer-review model: Single blind

Reviewer's code: 05856677

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: France

Author's Country/Territory: China

Manuscript submission date: 2023-05-09

Reviewer chosen by: Xin-Liang Qu

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Review time: 1 Hour

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 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 checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> 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
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SPECIFIC COMMENTS TO AUTHORS

The requested revisions have been correctly addressed.