

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 46797

Title: Rituximab-induced IgG hypogammaglobulinemia in children with nephrotic syndrome and normal IgG pre-treatment values.

Reviewer's code: 00503257

Reviewer's country: Japan

Science editor: Fang-Fang Ji

Date sent for review: 2019-02-26

Date reviewed: 2019-02-28

Review time: 1 Hour, 2 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This is somewhat interesting clinical observation which describes the incidence of hypogammaglobulinemia in patients with nephrotic syndrome (NS) after rituximab (NS) treatment. Although this phenomenon has already been reported to date, this



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MS would further support a thoughtful adverse event of RTX treatment. Unfortunately, the authors failed to demonstrate possible risk factors of developing hypogammaglobulinemia after RTX treatment in patients with NS. However, despite this drawback, I think this paper may worth for publish. I have one comment. The authors showed one patient among their 11 patients with hypogammaglobulinemia after RTX treatment exhibiting rather “severe” hypogammaglobulinemia in whom IgG supplementation was needed. Thus, any presumptive risk factors of developing “severe” hypogammaglobulinemia after RTX treatment should be represented. Also, the authors should discuss more in-depth regarding risk factors of developing “severe” hypogammaglobulinemia based on the literature review.

Answer: thank you for your comments. We added more information about clinical characteristics about the patient developing “severe” hypogammaglobulinemia after RTX treatment (please see lines 166-169 of the new version of the manuscript) and we discussed risk factors based on literature review (please see lines 212-222 of the new version of the manuscript).



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INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

BPG Search:

- ☐ The same title
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- ☐ Plagiarism
- ☐ No

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 46797

Title: Rituximab-induced IgG hypogammaglobulinemia in children with nephrotic syndrome and normal IgG pre-treatment values.

Reviewer's code: 00503179

Reviewer's country: Denmark

Science editor: Fang-Fang Ji

Date sent for review: 2019-02-26

Date reviewed: 2019-02-28

Review time: 12 Hours, 2 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The aim has been to evaluate the risk of inducing low IgG levels and infections in children with complicated nephrotic syndrome, when rituximab was used as treatment. This is important information about complications in a special subgroup of



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patients with nephrotic syndrome - a subgroup with complication as frequently relapsing and steroid-dependent syndrome. A series of 20 patients were followed. The conclusion was that Rituximab can induce hypogammaglobulinemia, even if IgG level was normal to begin with, and that severe infections were not observed. The presentation is well done, and the methods of analyzing data are adequate. Table and figure are informative. Relevant references are included. The discussion is well balanced. The conclusions are supported by the data.

Answer: thank you for your comments.



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INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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- ☐ Plagiarism
- ☐ No

BPG Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 46797

Title: Rituximab-induced IgG hypogammaglobulinemia in children with nephrotic syndrome and normal IgG pre-treatment values.

Reviewer's code: 00503199

Reviewer's country: Greece

Science editor: Fang-Fang Ji

Date sent for review: 2019-02-26

Date reviewed: 2019-03-04

Review time: 18 Hours, 6 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
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publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Abstract and text "Basal IgG levels were dosed after 6 weeks" please edit

Answer: we modified the text accordingly (please see lines 50, 54, 57, 83, 107) of the new version of the manuscript.

“None of the patients developing IgG hypogammaglobulinemia showed severe or recurrent infections. Only one patient (Fig. 1A) underwent substitutive IgG infusion for recurrent acute otitis media, after immunological consultation”. One patient did had recurrent infections (otitis media), thus you need to change it in the abstract and the text (for example: None of the patients developing IgG hypogammaglobulinemia showed severe infections. Only one patient (Fig. 1A) suffered from recurrent acute otitis media, and underwent substitutive IgG infusion after immunological consultation)

Answer: we modified the text accordingly (please see lines 68-69, 163-166, 209-211 of the new version of the manuscript).

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

BPG Search:

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- ☐ Plagiarism
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