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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[Y] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[ ] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[Y] Major revision
		[ ] No records	

COMMENTS TO AUTHORS

1.) The DISCUSSION part is not constructive. More Information about IgG4 related diseases is needed so that se reader is able to get into the problematic. It is not a problem of the daily clinical routine, but an important differential diagnosis to avoid unnecessary surgery. Some general information about Immunoglobulin G4 (IgG4)-related disease (also known as hyper-IgG4 disease) is needed. E.g. IgG4 disease is characterized by unifocal or multifocal involvement by tumefactive plasma cell inflammatory infiltrates associated with fibrosclerosis. The syndrome affects predominantly middle-aged and elderly patients, with male predominance. The sclerosing pancreatitis kwon as autoimmune pancreatitis represents the prototype of IgG4 related disease. However nearly all organs have been reported to be involved. An elevated titer of IgG4, the least common of the 4 subclasses of Immunoglobulin G, is a surrogate marker for the IgG4-related sclerosing disease. The diagnosis of IgG4-related disease should be based on a combination of typical histological, clinical and serological findings. The DISCUSSION part is not accurate and should be more structured by adding a sum up of some general information about IgG4 related disease.