

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 61074

Title: Septic shock due to *Granulicatella adiacens* after endoscopic ultrasound-guided biopsy of a splenic mass: A case report

Reviewer's code: 03818026

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: South Korea

Manuscript submission date: 2020-11-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-11-24 05:51

Reviewer performed review: 2020-11-26 17:18

Review time: 2 Days and 11 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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 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

Thank you for reviewing an interesting case report in which septic shock might be induced by EUS-FNB of the spleen. The procedure might trigger the infection, however, it was not evident due to its incubation period. I have the following comments. Major points Association of the procedure and the infection needs to be thoroughly discussed. Based upon the clinical course that the patient developed septic shock 10 days after the EUS-FNB, we could not conclude that the procedure resulted in this infection. Normally, when does EUS-FNB related infection happen after the sampling of tissues other than solid organs? When did his fever or symptoms associated with septic shock start? Any possibilities that the splenic abscess existed prior to EUS-FNB? Basically, the description regarding the patients' clinical course would be inadequate, more detailed clinical pictures should be added. Also, even though the infectious complications after EUS-FNB of solid organ are very low and diffuse large B-cell lymphoma is the most common primary splenic tumor, why do the authors think this happened to this patient? In addition to the patients' hematologic malignancy, are there any other precipitations or triggers? Minor points 1. Please specify whether the MRI image was with or without contrast. Was contrast-enhanced MRI was examined initially or later? Generally, dynamic MRI would help us determine the lesions more precisely. 2. How many times of the EUS-FNB were attempted? 3. From the bacteriological standpoint, please consider describing the method to definitely identify the *G. adiacens*. 4. When was splenectomy performed? 5. Please consider including the discussion of which antibiotics are recommended.

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Reviewer's code: 03883893

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: South Korea

Manuscript submission date: 2020-11-24

Reviewer chosen by: Lian-Sheng Ma

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Reviewer performed review: 2020-11-29 08:07

Review time: 4 Days and 21 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 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 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 reported a case of splenic lymphoma who developed septic shock after EUS-FNB. It is a good case to discuss the indication of EUS-FNB for splenic lesions and the use of antibiotics during the procedure. However, I have some concerns in this case report which need to be addressed. Major 1. As the authors mention in the main document, the most common primary malignant tumor of the spleen is lymphoma. However, the authors initially suspected a rare tumor such as a sclerosing angiomatoid nodular transformation. What was the reason to suspect a rare tumor more than a lymphoma in this case? Have you performed blood exams such as sIL-2R, immunoglobulin, and complement which may show abnormalities in lymphoma? Please clarify this point. 2. Has this patient had any multiple lesions of lymphoma other than spleen? If not, does he need chemotherapy after resection of the splenic tumor? And how do you assess the treatment effect? 3. I agree with the authors that since the patients with hematologic malignancies have immunological disorders, they have higher risk to cause infection after EUS-FNB. Therefore, I think it is important to perform exams to help diagnosis and determine the stage of lymphoma, such as contrast-enhanced CT, FDG-PET, and laboratory tests before EUS-FNB. Because if there are multiple lesions, sampling from other lesions can be considered. And if there is no alternative method to make diagnosis, EUS-FNB may be considered with prophylactic antibiotics. Please discuss this point in the main document. 4. Please describe histopathological diagnosis of EUS-FNB sample in detail not only cytopathology diagnosis. Minor Page 4, line 3. Therefore, we suggests→Therefore, we suggest Page 8, line 26. it is most commonly presents→it is most commonly presented

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Name of journal: World Journal of Gastroenterology

Manuscript NO: 61074

Title: Septic shock due to *Granulicatella adiacens* after endoscopic ultrasound-guided biopsy of a splenic mass: A case report

Reviewer's code: 03026924

Position: Peer Reviewer

Academic degree: PhD

Professional title: Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: South Korea

Manuscript submission date: 2020-11-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-11-30 09:38

Reviewer performed review: 2020-11-30 10:24

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
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SPECIFIC COMMENTS TO AUTHORS

The Authors present an interesting and rare case of septic shock due to *Granulicatella adiacens* after the EUS-FNB of a splenic mass. Final diagnosis was diffuse large B-cell lymphoma. Although it is a rare complication, and the guidelines don't recommend antibiotics before solid masses biopsies, they conclude that prophylactic antibiotics might be considered when a splenic mass is biopsied in patients with hematologic malignancies who have weak immunity and are vulnerable to bacterial infections. The manuscript is well written and clear. The pictures are of good quality. Just two comments:

- Please, specify how many passes were performed with the FNB needle.
- Did the Authors used contrast medium during the examination? Had they the impression that the mass was necrotic inside or had some ultrasound appearances that might have represented a risk factor for infection?

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: South Korea

Manuscript submission date: 2020-11-24

Reviewer chosen by: Chen-Chen Gao

Reviewer accepted review: 2021-01-19 07:20

Reviewer performed review: 2021-01-19 08:48

Review time: 1 Hour

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
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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

SPECIFIC COMMENTS TO AUTHORS

I think the authors have revised the manuscript and figures according to my comments.
There are no modifications to add.

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Reviewer's Country/Territory: Japan

Author's Country/Territory: South Korea

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Review time: 1 Day and 2 Hours

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
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SPECIFIC COMMENTS TO AUTHORS

Although it was difficult to follow the corrected parts, which were not highlighted, the authors have well addressed my concerns and the manuscript has been dramatically improved. I have no further comments.