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PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 73121

Title: Spontaneous Remission of Autoimmune Pancreatitis: four cases report and literature review

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06045810
Position: Peer Reviewer
Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Romania

Author's Country/Territory: China

Manuscript submission date: 2021-11-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-10 08:40

Reviewer performed review: 2021-11-22 17:46

Review time: 12 Days and 9 Hours

Scientific quality	[Y] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] 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	[ ] Yes [Y] No

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

SPECIFIC COMMENTS TO AUTHORS

The topic is within the scope of the WJCC. The figures illustrate very well the pathology presented. The manuscript is well organized and presented. The authors provided the CARE Checklist–2016 and written informed consent. The authors present pathology quite rare in everyday practice. The four cases have been explored in detail and although the factors responsible for the SR of AIP are not yet clear, through this manuscript, the authors contribute to the understanding of the mechanism associated by presenting their clinical experience

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05174548
Position: Peer Reviewer
Academic degree: MD

Professional title: Doctor, Research Fellow

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2021-11-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-25 21:20

Reviewer performed review: 2021-11-28 11:31

Review time: 2 Days and 14 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

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

SPECIFIC COMMENTS TO AUTHORS

The Authors here presented four cases of autoimmune pancreatitis with theoretical spontaneous remission. The paper is clear and well-written, and the figures have been chosen excellently. Patients have been followed for at least one year with magnetic resonance imaging or CT-scan, and this was not previously reported in literature. On a clinical, radiological, and biochemical basis, all four patients had a clear enough ICDC diagnosis of type 1 AIP, even if histological features were not assessed. The authors' findings are remarkable and could help to improve knowledge about natural history of AIP without treatment. However, I have some concerns on the interpretation of this findings, that should be stated in the discussion. First, Authors said that all 4 patients had an "other organ involvement" (OOI) of AIP. I think that it's true only for cases 3 and 4, who had cholangitis. Lymph nodes enlargement and enhancement cannot be considered OOI, unless node's histological features consistent with AIP were demonstrated; in this case, lymph nodes involvement could be just the natural consequence of pancreas inflammation. In addition, splenic vein involvement is common in body-tail pancreatitis, and I think it cannot be defined as OOI. Moreover, I don't think that all four cases had a complete spontaneous remission. In fact, cases 3 and 4 developed fibrosis and calcification of the pancreas, and serum IgG4 of case 4 was still > 2XULN. I would say that they have developed a chronic autoimmune pancreatitis. One could speculate that high-dose steroid therapy would have improved the prognosis of case 2 splenic stenosis, and the authors have correctly cited the work of Juarez et al. In conclusion, the patient refusal to steroid therapy in these four cases helped to understand the natural history of autoimmune pancreatitis. Based on International

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Guidelines, I believe that only case 1 could have benefited from a "watchful waiting" as well, while all the other patients were correctly referred to steroid therapy, although they subsequently refused. I believe that the cases presentation is very interesting, but the discussion should be based on the questioning that a steroid therapy could have been the preferred treatment for the four patients, also considering the late outcome of the patients themselves. Minor concerns: CA19.9 should be spelled well.