



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 73404

**Title:** Pneumocystis jiroveci pneumonia after total hip arthroplasty in a dermatomyositis patient: a case report

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05142912

**Position:** Peer Reviewer

**Academic degree:** MBBS

**Professional title:** Doctor

**Reviewer's Country/Territory:** Saudi Arabia

**Author's Country/Territory:** China

**Manuscript submission date:** 2021-11-30

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-11-30 18:05

**Reviewer performed review:** 2021-11-30 18:25

**Review time:** 1 Hour

<b>Scientific quality</b>	<input checked="" type="checkbox"/> Grade A: Excellent <input 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 Grade E: Do not publish
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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<b>Peer-reviewer statements</b>	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**

Dear authors, Thank you for this rare case report. I have few comments. How much was the drip of hydrocortisone before anesthesia (dose, STAT/gradual through operation)? Also, two days after surgery what was the dose. There are no previous studies about PCP discovered incidentally postop and treated in introduction?? In physical examination, what do you mean by exacerbation of the rash? Do you mean no rash at all, or not increasing? What do you mean by LYMPH? lymphocyte you mean?



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**Reviewer's code:** 02353770

**Position:** Peer Reviewer

**Academic degree:** DPhil, MD

**Professional title:** Adjunct Professor, Doctor, Staff Physician

**Reviewer's Country/Territory:** Spain

**Author's Country/Territory:** China

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**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-11-30 05:27

**Reviewer performed review:** 2021-12-08 18:29

**Review time:** 8 Days and 13 Hours

<b>Scientific quality</b>	<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
<b>Language quality</b>	<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
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### **SPECIFIC COMMENTS TO AUTHORS**

Reference number 1 in line 86 do not seem appropriate. Please revise. This is a well described case of dermatomyositis patient anti-MDA5 positive who develop an infection by *P. jirovecii* in the postoperative period after right total arthroplasty. It is well known that trimethoprim-sulfamethoxazole prophylaxis is indicated when higher than 20 mg/d glucocorticoids are used for more than 4 weeks. However, this was not the case because the patient received only 8 mg/d. Thus, the case is worth to be published, an increased awareness of the risk of *P. jirovecii* in dermatomyositis patients is warranted. Moreover, it seems that anti-MDA5 ILD dermatomyositis patients are prone to develop this infection from the onset and not exactly related only to the immunosuppressive regimen they are being treated with. This interesting issue should prompt a comment by the authors in the discussion section. We suggest reducing the discussion section, mainly not focus on the postoperative period in a repetitive manner.