

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 72802

Title: A case of relapsing polychondritis with isolated tracheobronchial involvement complicated with Sjogren's syndrome

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05908089

Position: Peer Reviewer

Academic degree: FCCP, MD, PhD

Professional title: Assistant Professor, Doctor, Lecturer, Teacher

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

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Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-06 01:49

Reviewer performed review: 2021-11-09 07:33

Review time: 3 Days and 5 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 Grade E: Do not publish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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input 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

Major comments The authors reported a rare case of airway involvement by relapsing polychondritis (RP) and complicated by Sjogren's syndrome. Sometimes RP only develops airway involvement which is difficult to diagnose. In general, a tracheobronchial lesion, such as tracheobronchomalacia, is progressive and early diagnose is important for only airway involvement by RP. I agree that even if the patient doesn't meet the diagnostic criteria, the characteristic findings are confirmed by PET/CT and/or bronchoscopic findings and it should be considered RP and treated.

Minor comments Introduction and Case presentation were well written but spelling and proper formatting should be cleaned up by a native English speaker. **Discussion** 1. There is little discussion about RP complicated by Sjogren syndrome. The authors should add some literature review. 2. Figure 1a,b: The authors should align the size of the vertical and horizontal axes for the two flow volume curves. 3. Figure 3: It is important to confirm bronchoscopic findings during both inspiration and expiration. I think this patient developed tracheobrochomalacia. If possible, the authors should add brochosopic imaging for expiration. 4. Figure 4: CT findings in patients with RP were reported to show airway narrowing, airway thickening, airway calcification, and airway malacia. This patient may have other CT findings and the authors should add the axial CT image in the mediastinal field for inspiration and expiration.