Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 72912

Title: Immunoadsorption therapy for Klinefelter syndrome with APS in a patient : A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00503257
Position: Editorial Board
Academic degree: MD, PhD
Professional title: Professor
Reviewer's Country/Territory: Japan
Author's Country/Territory: China

Manuscript submission date: 2021-12-24

Reviewer chosen by: Qi-Gu Yao (Online Science Editor)

Reviewer accepted review: 2022-01-14 08:07

Reviewer performed review: 2022-01-16 00:13

Review time: 1 Day and 16 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] 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

Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

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

SPECIFIC COMMENTS TO AUTHORS

This is an interesting case report. However, several concerns are arisen which shuld be addressed adequately. 1. It is unclear why Patients with Keinfelter syndrome assocaietd with antiphospholipid syndrome showed refractory deep thrombosis. This issue should be clarified. 2. It is unclear why the authors choose immunoadosorption first in this patient. The rationale of this issue should be clarified. 3. This is only a case report with anecdotal clinical experience. Thus, the limitations of thier experience should be stated clearly. 4. Also, more concise and logically writing style should be encouragged. The whole description should be much shortened.

Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 72912

Title: Immunoadsorption therapy for Klinefelter syndrome with APS in a patient : A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00863327
Position: Peer Reviewer
Academic degree: MD, PhD
Professional title: Full Professor
Reviewer's Country/Territory: Taiwan
Author's Country/Territory: China

Manuscript submission date: 2021-12-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-27 14:58

Reviewer performed review: 2022-01-28 13:12

Review time: 22 Hours

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

Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

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

SPECIFIC COMMENTS TO AUTHORS

In this interesting case report, the authors described a 31-year-old male Klinefelter syndrome with chromosome 47 XXY type, who suffered from deep vein thrombosis (DVT) of lower limbs. In addition to elevated serological levels of factor VIII, he had increased titers of antiphospholipid antibodies (aPL) with repeated measurements, leading to the diagnosis of antiphospholid syndrome (APS). In addition to long-term anticoagulant therapy, he received immunoadsorption, immunospuuressants and intravenous immunoglobulin treatments without the recurrent thrombotic events during one-year follow up. The findings in the manuscript might be relevant to the clinical application. Nevertheless, there are some issues needed to be clarified as follows. 1.After the first thrombotic event, the reported patient was prescribed with daily use of direct-acting oral anticoagulant (DOAC) without the recurrent thrombosis for more than 2 years. His DVT recurred after quitting the use of anticoagulant, and there were no other rheumatological manifestations like skin rash and Raynaud's phenomenon. The International Congress on Antiphospholipid Antibodies (Lupus 2020;29:1571), recommends that DOACs should not be used for recurrent thrombosis while on standard-intensity vitamin K antagonists (VKA), and other treatment options such as increased VKA INR target range, standard treatment dose of low-molecular-weight-heparin (LMWH). and the addition of antiplatelet therapy. Furthermore, the reported patients is a victim of genetic disorder with the only prenetaion of venous thrombosis, not a systemic rheumatic disease patient like systemic lupus erythematosus with miscellaneous autoimmune manifesations. Therefore, for this case, the authors should further discuss the possibility of other alternative regimens such

Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

as switch from DOAC to warfarin therapy, and the rationale for using immunospuuressive agents. 2.In Figure 1, figure 1A pointed by the red arrow seemed to be the disappearance of pulmonary embolism without a filling defect, and figure 1B pointed by the red arrow seemed to be the presence of pulmonary embolism with a filling defect. 3.In Figure 3, both sides of the y-axis were labelled with anti-cardiololipin antibody IgG, and there were no demonstration of lupus anticoagulant levels.

Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 72912

Title: Immunoadsorption therapy for Klinefelter syndrome with APS in a patient : A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00503257
Position: Editorial Board
Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-12-24

Reviewer chosen by: Xue-Li Chen (Quit 2022)

Reviewer accepted review: 2022-02-16 00:36

Reviewer performed review: 2022-02-16 00:40

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] 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
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous

Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

statements	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The revised MS would be OK. I have no further concerns.