

## PEER-REVIEW REPORT

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

**Manuscript NO:** 68912

**Title:** Sepsis complicated with secondary hemophagocytic syndrome induced by giant gouty tophi rupture: a case report

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

**Peer-review model:** Single blind

**Reviewer's code:** 05449007

**Position:** Peer Reviewer

**Academic degree:** MBBS, MD

**Professional title:** Academic Fellow, Doctor

**Reviewer's Country/Territory:** United States

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

**Manuscript submission date:** 2021-06-08

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-06-15 00:59

**Reviewer performed review:** 2021-06-15 01:05

**Review time:** 1 Hour

Scientific quality	<input 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 checked="" type="checkbox"/> Grade E: Do not publish
Language quality	<input 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 checked="" type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="radio"/> ] Anonymous [ <input type="radio"/> ] Onymous Conflicts-of-Interest: [ <input type="radio"/> ] Yes [ <input checked="" type="radio"/> ] No
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## **SPECIFIC COMMENTS TO AUTHORS**

While the authors make a good effort to present a case of gouty arthritis complicated by systemic inflammatory response syndrome and HLH, the presentation, writing and case description needs significant revision and correction. There is intermixing of the term "infection", "sepsis" and "systemic inflammatory response syndrome" which is very confusing as gout can induce SIRS but NOT cause infection or sepsis, unless there is evidence of secondary infection in a gouty arthritis. I would recommend the authors to frame the case report better and keep infection and SIRS as two distinct entities. And if there was evidence of any bacterial growth, only then use the term sepsis or infection.

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**Peer-review model:** Single blind

**Reviewer's code:** 03700188

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Assistant Professor, Attending Doctor

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

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

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**Reviewer chosen by:** AI Technique

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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
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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="radio"/> ] Anonymous [ <input type="radio"/> ] Onymous Conflicts-of-Interest: [ <input type="radio"/> ] Yes [ <input checked="" type="radio"/> ] No
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### **SPECIFIC COMMENTS TO AUTHORS**

The text is well written, but I think that if the focus was to alert to the possibility of secondary hemophagocytic syndrome, it would be important to highlight relevant and essential symptoms/signs for the diagnosis. and also, the modification in the antibiotic regimen was not clear: there was an invasive fungal infection

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**Reviewer's code:** 05401143

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

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**Review time:** 8 Days and 15 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
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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<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 Your case report is fascinating, but there were several grammar and punctuation mistakes. I suggest the authors use the proper tool for grammar check. You described the clinical case of sepsis-related haemophagocytic syndrome due to infected gouty tophi. However, this point was not clearly stated in the introduction, where you wrote: "we report a rare case of sepsis and secondary HPS caused by giant gouty tophi rupture". So, I suggest underlining the pathogenetic mechanism: infected gouty tophi rupture->sepsis-> HPS. About the case presentation, I suggest rewriting in discursive way the section on multidisciplinary expert consultation. It is essential to know the clinical management avoiding personal reference to the single clinicians. Indeed, this aspect should be emphasized because it represented the cornerstone for the proper clinical management of your patient. About antibiotic therapy, you stated: "Piperacillin Sodium and Sulbactam Sodium for infection (4.5g q8h iv) for 4d. When the results of bacterial culture indicated that methicillin-resistant Staphylococcus was infected, We gave vancomycin (0.5g q12h iv) when the patient has repeated infection. In addition, we were given colchicine (0.5 mg bid) for 2d, celecoxib (0.2 g bid) for 2d, methylprednisolone (12 mg qd) for 2d to control the acute attack of gout, and febuxostat(40 mg qd) for 3wk to inhibit uric acid formation. When the patient diagnosed haemophagocytic syndrome, We changed the antibiotic program to imipenem cilastatin sodium for injection (1g q8h iv) for 1d, moxifloxacin hydrochloride sodium chloride injection( 400mg qd iv) for 1d, linezolid injection (300ml q12h iv) for 1d. After the infection was stable, we changed the antibiotics to voriconazole (200mg q12h iv) for 2d and linezolid injection (300ml q12h iv) for 2d." This part was very confounding, and I

did not understand why you administered some drugs for only one day. Moreover, the time sequence for switch therapy was unclear. This part should be completely rewritten. According to my suggestions, the discussion section should be implemented. It can be useful to provide a literature revision about the topic. According to my analysis, I suggest major revision.

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Reviewer's Country/Territory:** United States

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

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**Reviewer chosen by:** Ze-Mao Gong

**Reviewer accepted review:** 2021-08-22 18:36

**Reviewer performed review:** 2021-08-22 18:45

**Review time:** 1 Hour

<b>Scientific quality</b>	<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
<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
<b>Conclusion</b>	<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
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



statements

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

#### **SPECIFIC COMMENTS TO AUTHORS**

No major changes needed. Minor changes are as follows: Gouty tophi never induces sepsis or infection. We term it as secondary bacterial infection in a tophi causing sepsis. I would recommend the authors to clarify that in the case report :in this patient, secondary bacterial infection during a gout flair or in a pre-existing tophi led to the development of HPS. The term “sepsis” is quiet specific to infection and should not be used loosely. They can say that patient may have had severe immune dysregulation due to concomitant gout flair and sepsis from bacterial (MRSA) infection as evidenced by the fluid or blood cultures.