

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 77035

Title: Type 2 autoimmune pancreatitis associated with severe ulcerative colitis: A case

report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05076265 Position: Editorial Board Academic degree: PhD

Professional title: Associate Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Australia

Manuscript submission date: 2022-04-12

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-12 22:13

Reviewer performed review: 2022-04-22 04:02

Review time: 9 Days and 5 Hours

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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	[Y] Accept (High priority) [] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements

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

SPECIFIC COMMENTS TO AUTHORS

This study investigated the relationship between Type 2 autoimmune pancreatitis and severe ulcerative colitis in clinical field, utilizing a case series and solid data. Such study is interesting and meaningful, which might provide theoretical basis for clinical treatments of Type 2 autoimmune pancreatitis and severe ulcerative colitis. The present article can be accepted and published.



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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: Australia

Manuscript submission date: 2022-04-12

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-27 06:52

Reviewer performed review: 2022-05-01 16:21

Review time: 4 Days and 9 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Scientific quality	[] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [Y] Grade D: Fair [] Grade E: Do not publish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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statements Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The Authors here presented three cases of suspected type 2 AIP in patients with severe ulcerative colitis. The paper is well-written, synthetic, and fluent. An algorithm for diagnosing type 2 AIP in IBD patients was proposed. However, Authors should give some clarifications about the diagnosing process in all the three suspected cases. 1) Case 1 and Case 2: a diagnosis of "Probable type 2 AIP" was proposed, following 2011 ICDC criteria. Authors considered suggestive imaging + IBD diagnosis + response to steroid trial. However, the ICDC's steroid trial should be carefully conducted after negative complete workup for cancer (including biopsy) and consists in a "Rapid (=<2 wk) radiologically demonstrable resolution or marked improvement in manifestations". In these cases, patients underwent steroid treatment for 8 weeks, which is way more than what the Guideline suggest. Then, in case 1 an FDG-PET and not a CT or MRI was performed after the trial in order to assess the improvement of the pancreatic inflammation, while in case 2 there's no mention of imaging repetition after the trial. Case 3: a diagnosis of "Definitive type 2 AIP" was proposed, following 2011 ICDC criteria. Authors considered suggestive imaging + IBD diagnosis + level 2 histology criteria + response to steroid trial. Again, steroid treatment lasted 8 weeks, there wasn't any repeated imaging test after the trial, and it was not repeated at the time of recurrence. 2) Has CA19.9 been tested in case 1 and case 3? And why hasn't it been re-evaluated (in all three cases) after 2 weeks of steroid trial, as suggested by the Guideline? 3) I would suggest to re-arrange Table 1 to reach higher clarity. Why don't Authors cite more precisely the ICDC tables 3 and 5? 4) Can Authors provide histologic images of patient 3? Type 2 AIP is a very difficult entity to be diagnosed, but Authors should better discuss



their process and where/why it keeps distance from ICDC.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Manuscript NO: 77035

Title: Type 2 autoimmune pancreatitis associated with severe ulcerative colitis: A case

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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: Australia

Manuscript submission date: 2022-04-12

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-06-08 05:37

Reviewer performed review: 2022-06-09 08:11

Review time: 1 Day and 2 Hours

Scientific quality	[] Grade A: Excellent [Y] 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
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous



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

SPECIFIC COMMENTS TO AUTHORS

I have no further comments and I believe that the amended manuscript can now be accepted for publication.