

## PEER-REVIEW REPORT

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

**Manuscript NO:** 76925

**Title:** Bilateral hypocalcaemic cataracts due to idiopathic parathyroid insufficiency: A case report

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

**Peer-review model:** Single blind

**Reviewer's code:** 05347189

**Position:** Peer Reviewer

**Academic degree:** DNB, MBBS

**Professional title:** Consultant Physician-Scientist, Surgeon

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

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

**Manuscript submission date:** 2022-04-06

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-04-27 15:42

**Reviewer performed review:** 2022-05-07 17:48

**Review time:** 10 Days and 2 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 Grade E: Do not publish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 type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
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

Abstract: Background part should emphasize hypocalcemia along with hypoparathyroidism. Key Words: 'Case report' may be omitted from the Key Words list. Consider modification and addition of few more key words like 'Bilateral Symmetrical Cataract', 'Posterior Subcapsular Cataract' etc. Case presentation: 1. Please remove the sub heading 'Chief complaints'. 2. Please provide more details regarding H/O cerebral surgery for epileptic seizures as hypocalcemia itself may be a responsible factor for development of seizures. 3. Please provide grading of cataract (both PSC and Cortical Cataract) as per standard grading system (i.e. LOCS III). 4. Please clarify whether the systemic evaluation was performed after due consultation with specialists of respective departments before cataract surgery or the evaluation was performed at the sole discretion of ophthalmologists before cataract surgery and was referred to concerned department only after cataract surgery was performed. 5. Please provide the time interval in between cataract surgeries of both eyes. 6. Please provide what kind of IOLs were implanted in OU. 7. Please provide how long the patient was followed up post-operatively. Conclusion: Please clarify 'In rare cases, prolonged severe hypocalcemia may lead to structural damage and irreversibility.' Figures: The resolution of the figures are not up to the mark. Please add 'arrow marks' to point out the findings more precisely in the figures. If possible, please provide more figures with different S/L illumination techniques as appropriate. Other Comments: 1. Please avoid using complete terminologies repeatedly throughout the article, rather use the complete terminology for the very first time with the abbreviation mentioned alongside and only use the abbreviation subsequently, i.e. Both Eyes (OU) etc. 2. Grammatical and



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sentence construction errors needs to be rectified appropriately throughout the article.

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**Reviewer's code:** 04010983

**Position:** Peer Reviewer

**Academic degree:** FACE, MBBS, MD

**Professional title:** Professor

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

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

**Manuscript submission date:** 2022-04-06

**Reviewer chosen by:** Dong-Mei Wang

**Reviewer accepted review:** 2022-05-17 09:52

**Reviewer performed review:** 2022-05-22 09:25

**Review time:** 4 Days and 23 Hours

Scientific quality	<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
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 type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input 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

The authors have described a case of bilateral cataract in a young adult due to possible idiopathic hypoparathyroidism. There is a definite association between bilateral posterior subcapsular cataracts in a case of hypoparathyroidism, and the authors should point out the uniqueness of this case report and what scientific message they want to convey to the readers. If it is with regards to evaluation of cataract in a young patient, then other causes of cataract at this young age need to be discussed. The approach seems to be to write details of hypoparathyroidism and cataract. In that case, the clinical workup and diagnosis of hypoparathyroidism are not presented adequately with several clinical details missing. Line 5/6: Cataract secondary to hypoparathyroidism is not an uncommon entity, the sentence needs to be modified and referenced. Line 59: "He had undergone cerebral surgery for seizures", - kindly elaborate as to imaging findings and surgery which the patient underwent. Line 69: What is meant by a PTH level of 0? Can the authors specify the lowest limit of the assay used here? What generation of assay used in this case? Line 72: A lot of clinical details as to evaluation for Hypoparathyroidism are not presented in the case. Authors may need to involve a physician/endocrinologist to bring out the relevant clinical details for the readers. Was there any vitals derangement, respiratory failure, or laryngospasm. What was the cardiac evaluation? Line 73: Similarly, no details of the treatment have been given as to besides IV calcium, was this patient given calcitriol, oral calcium etc. The authors have described the relationship between hypomagnesemia and PTH-resistance and hypoparathyroidism, but the treatment regarding supplementing magnesium has not been discussed. The authors could give a differential diagnosis of the bilateral



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subcapsular cataracts at the beginning and could have investigated those line of differentials (common causes of posterior subcapsular cataracts like uncontrolled diabetes, steroid exposure, trauma or chronic inflammatory diseases) The clinical features of the case are incompletely written specifically with regards to hypoparathyroidism and many clinical details are missing. The authors can make a table and categorize the various systemic manifestations like neurological, neuropsychiatric, renal, ocular, dermatological, etc of hypoparathyroidism. Cardiac findings, Echo, signs like Trousseau have not been covered. If this case report has been written from an ophthalmological aspect, then the other causes for similar eye findings have not been touched upon. If it has been written from a physician-endocrine aspect, then the the hypocalcemic endocrinological workup is incomplete with several lacunae.