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## PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 77982

Title: Case mistaken for leukemia after mRNA coronavirus disease 2019 vaccine

administration: a case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06257045 Position: Peer Reviewer Academic degree: MD

Professional title: Academic Research

Reviewer's Country/Territory: Indonesia Author's Country/Territory: South Korea Manuscript submission date: 2022-06-09

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-06-11 04:04

Reviewer performed review: 2022-06-21 02:54

**Review time:** 9 Days and 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Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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 [ ] Grade B: Minor language polishing [ Y] 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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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

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

## SPECIFIC COMMENTS TO AUTHORS

The manuscript examined an uncommon case of leukocytosis after COVID-19 vaccination. It presented with multiorgan involvement of pleural effusion, thrombocytopenia, and transaminitis. However, several parts of the paper need to be improved: 0) English language could be improved 1) Need to elaborate more on the abstract 2) Please insert information on COVID-19 status, testing, and if there any symptoms ever present prior or at the time of vaccination? 3) Why there is no testing for COVID-19 especially in the presentation with dyspnea (on the result)? 4) Is it possible that the patient presented with early Multisystem inflammatory syndrome? why or why not? 5) Are there any risk factor for hepatitis or cirrhosis? such as alcohol intake, drug abuse, needle sharing history etc. 6) Is it possible that the patient presented with Dengue Hemorrhagic Fever with pleural effusion and secondary infection? The characteristic matched in thrombocytopenia, fever, myalgia, dyspnea with pleural effusion, and transaminitis 7) Please correct the structure of the table as some elements are squeezed with inappropriate column size 8) Please limit the references to the last 5 years if possible to ensure novelty and newness of the used information 9) For numbers < 10 please use it in word form, except in specific cases 10) Please also declare the protocol/ethic review number on the ethic declaration instead of just the institution 11) There is an unintelligible paragraph at the end of the conclusion section after "This is the first case...." paragraph and before the acknowledgements section 12) Formatting of the paper could be improved. For instance, alignment and indentation of some paragraph is not appropriate



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Reviewer's code: 05079606 Position: Editorial Board Academic degree: MD, PhD

Professional title: Associate Professor, Senior Researcher

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

Manuscript submission date: 2022-06-09

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-06-29 06:35

Reviewer performed review: 2022-07-04 07:19

**Review time:** 5 Days

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 [ ] Grade B: Minor language polishing [ Y] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ ] Major revision [ Y] Rejection
Re-review	[ ]Yes [Y]No



# Baishideng **Publishing**

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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

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

## SPECIFIC COMMENTS TO AUTHORS

The authors reported a case of suspected hematologic malignancy after mRNA-based COVID vaccination in a 77-year-old female patient. I think the authors tried to explain the complicated role of "leukemoid reaction" after COVID vaccination. But I also think there were shortcomings in this report. 1. Lack of evidence supporting "leukemoid reaction", especially neutrophil count. 2. There were short-time elevations of ANA, anti-dsDNA Ab (reference range not provided), and several serum indexes representing liver function, but no diagnosis was given and liver-derived diseases (e.g. cirrhosis) were not ruled out. 3. Lack of other necessary data to exhibit peripheral immune status, such as PBMC classification in detail. 4. The patient received treatment for symptoms rather than leukemoid reaction, the conclusion is not convincing.