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: 79044

Title: Cardiac Amyloidosis Presenting as Pulmonary Arterial Hypertension: A Case Report and Review of Literature

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06489532
Position: Peer Reviewer
Academic degree: MD
Professional title: Doctor
Reviewer's Country/Territory: China
Author's Country/Territory: China

Manuscript submission date: 2023-01-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-01-18 02:13

Reviewer performed review: 2023-01-27 16:52

Review time: 9 Days and 14 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[Y] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

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

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
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
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Cardiac amyloidosis combined with pulmonary hypertension is a rare disease. The best treatment for cardiac amyloidosis combined with pulmonary hypertension is unclear. This article introduces the patient's initial manifestation of pulmonary hypertension through a case report, but two years later, she was found to have AL amyloidosis and cardiac involvement, emphasizing the hidden nature of amyloidosis, making it difficult to diagnose. Therefore, this article believes that any adult with non-specific signs or symptoms of cardiac distress should be treated with caution. Patients with pulmonary hypertension must consider a variety of potential factors and long-term follow-up to shorten the diagnosis time, and provide clinical reference for the diagnosis and treatment of patients with cardiac amyloidosis and pulmonary hypertension. This manuscript is very innovative. However, it is necessary to supplement the pathological report of Congo red staining of myocardial samples in this case report; There are limitations in the data related to the absence of right cardiac catheterization in the early and late hospitalization of this case. Only the "PATIENT PHOTOGRAPHIC AUTHORIZATION RELEASE AND DISCHARGE" was seen in the manuscript, but the

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

relevant official ethics documents reviewed and approved by the local ethics committee were not seen in the manuscript.

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: 79044

Title: Cardiac Amyloidosis Presenting as Pulmonary Arterial Hypertension: A Case Report and Review of Literature

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02775488
Position: Peer Reviewer
Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2023-01-13

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-01-28 00:56

Reviewer performed review: 2023-01-29 00:25

Review time: 23 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

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

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
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) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors reported a 51-year-old woman with immunoglobulin light chain (AL) amyloidosis manifesting pulmonary hypertension and heart failure. Amyloid deposits were found in a myocardial sample. This is an interesting case report providing important insights into the diagnosis and management of AL amyloidosis. Taking up topics of AL amyloidosis is timely because new therapeutic options for this disease, such as chemotherapeutic agents to treat plasma cell dyscrasia and monoclonal antibodies against amyloid proteins, now appear one after another. The manuscript is well written, and I enjoyed reading it. Although I do not have any critical comments, suggestions to strengthen this manuscript are raised as follows: 1. According to the nomenclature recommendation from the International Society of Amyloidosis (Amyloid 2022; 29: 213-219), the term “primary amyloidosis” is no longer used. I would recommend consistently using ”AL amyloidosis” in this manuscript. 2. The authors mentioned that “A myocardial sample stained with Congo red was positive” for the diagnosis of AL amyloidosis. Does this mean amyloid deposits were detected by Congo red staining? 3. Immuohistochemical examination is important for the confirmation of AL amyloidosis

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

because there are many proteins responsible for amyloidosis. Although serum free light-chain analysis revealed an increase of lambda light-chain, this issue should be considered. 4. How did the authors obtain a myocardial sample? 5. In addition to AL amyloidosis, transthyretin (ATTR) amyloidosis is another major cause of cardiac amyloidosis. As this manuscript will attract broad range of readers, the distinction between AL amyloidosis and ATTR amyloidosis should be mentioned in the introduction section, by citing a relevant article describing this issue (Cardiol Ther 2021; 10: 289-311). 6. Please reconfirm the use of abbreviations. For example, “MRI” in the main text is not needed because it appears only once.