

## PEER-REVIEW REPORT

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

**Manuscript NO:** 82385

**Title:** Late-onset MELAS syndrome with mitochondrial DNA 3243A>G mutation masquerading as autoimmune encephalitis: A case report

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

**Peer-review model:** Single blind

**Reviewer's code:** 03604107

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Professor

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

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

**Manuscript submission date:** 2023-01-03

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-01-03 15:52

**Reviewer performed review:** 2023-01-08 16:11

**Review time:** 5 Days

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 Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<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 type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

This is a very well illustrated case report on MELAS, and important to raise awareness among neurologists and other specialists about the characteristic of the syndrome. I am not happy with the clinical description of the case, it is too short and lacks details. "Cognitive impairment and psychosis" are not complaints, but rather part of a complex symptomatology. What psychosis ? What subtype of this nosology ? I don't understand what you mean by "nonshort stature" .... can this, after all, be a sign of disease ? Some grammatical errors need addressing, for example: affliated (affiliated)...

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**Peer-review model:** Single blind

**Reviewer's code:** 00741994

**Position:** Editorial Board

**Academic degree:** PhD

**Professional title:** Associate Professor

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

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

**Manuscript submission date:** 2023-01-03

**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-01-24 09:01

**Reviewer performed review:** 2023-01-24 10:12

**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 checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input checked="" type="checkbox"/> Grade D: No novelty
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<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" 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

#### SPECIFIC COMMENTS TO AUTHORS

Mitochondrial encephalopathy with stroke-like episodes (MELAS) is very common and, in view of the existing literature, not suited for publication as case report. For example, Zheng et al [Front neurosci 202;16:1028762] published on 24 follow-up cases including 9/10 with MRS showing elevated lactate doublets. This case study adds little to the existing literature. Further limitations are that the MRI methodology description lacks necessary detail, such as the b values used in DWI and TR/TE in MRS. The MR spectrum (not "image") shown has no lactate doublet, rather a single peak associated with the -CH<sub>2</sub>- lipid resonance.

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

**Peer-review model:** Single blind

**Reviewer's code:** 06495587

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2023-01-03

**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-01-24 14:03

**Reviewer performed review:** 2023-01-29 15:05

**Review time:** 5 Days and 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

In this manuscript "Late-onset MELAS syndrome with mtDNA 3243A>G mutation masquerading as autoimmune encephalitis: A case report", Jianwei Wang et al. described a case report about a misdiagnosed woman suffering of the MELAS syndrome. The authors insist on the importance of not to diagnose autoimmune encephalitis too fast. They were able to reveal the mutation 3243 A>G in the MT-TL1 gene by mitochondrial genome analysis and then to treat the patient despite the atypical signs for MELAS. This case report is important to apply the correct treatment for the patient with MELAS. Major comments: 1) The figure 1 should be mentioned in the manuscript. Moreover, it would be interesting to specify the days when the patient has been discharged instead of "later". 2) The figures 3 and 4 have to be referred to in the manuscript as well. Minor comments: 3) Lines 45-46: How rare are MELAS presenting with the features of acute encephalitis? The authors should add the citations of the "few case reports" that they mentioned. 4) Line 58: They authors specified that the patient is right-handed. This is an interesting detail that is not often included. Does it have any importance for the study? 5) Line 101: If the authors have the data of the EEG that could



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be interesting to include it in the paper or as a supplementary data. 6) Line 119 : For how long the treatment has been administered? What where the doses and the frequency of the treatment administration? 7) Line 122: When the patient has been discharged from the hospital? 8) Lines 141 and 174: The authors mentioned that most cases masquerade as HSE. Could the cases masquerade as subacute sclerosing panencephalitis (SSPE)? 9) Line 192: The authors should specify what are the regular range of age for MELAS patient?