

PEER-REVIEW REPORT

Name of journal:	World	Journal	of	Clinical	Cases
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Manuscript NO: 82181

Title: IgG4-related kidney disease complicated with retroperitoneal fibrosis: a case

report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05077783 Position: Editorial Board Academic degree: MD, MSc

Professional title: Assistant Professor, Surgeon

Reviewer's Country/Territory: Brazil

Author's Country/Territory: China

Manuscript submission date: 2022-12-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-12-10 22:05

Reviewer performed review: 2022-12-10 23:55

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish	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



Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors report a case of IgG4-related kidney disease associated with retroperitoneal fibrosis. This is a rare condition and of significant scientific interest. The report is clear and concise, and is complemented by high quality images and graphs. Writing in the english language can be further reviewed: on page 2 line 3, "an autoimmune disease recognized by" would better convey the meaning of the sentence; on page 7 line 15 "the middle part of the ureter"; on page 8 line 25 "biopsy confirmed that the patient had"; on page 11 lines 11 and 28 ureterostenosis and hydronephrosis. On the history of past illness section, it is mentioned that the patient had a thyroidectomy - it would be interesting to know what was the indication, and if it was possibly related to the condition described (IgG4-related thyroid disease). On the outcome and follow-up section, it would be interesting to know for how long did the patient receive hemodyalisis.



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Peer-review model: Single blind

Reviewer's code: 05857787 Position: Peer Reviewer Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-12-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-12-22 14:40

Reviewer performed review: 2022-12-30 11:49

Review time: 7 Days and 21 Hours

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



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) [] Minor revision [Y] 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 56- year-old man diagnosed as having IgG4-related tubulointerstitial nephritis (IgG4-TIN) complicated with retroperitoneal fibrosis (RPF), who was successfully treated with glucocorticoids. The following concerns should be addressed before it can be considered for publication. 1. The etiology of this disease has not been determined to be autoimmunity. The authors are required to correct the description as appropriate. 2. Radiological findings of the renal parenchyma are also important in diagnosing IgG4-related kidney disease (IgG4-RKD). The authors should describe whether the patient showed typical radiological findings of the renal parenchyma on enhanced CT or not. 3. Findings of IgG4, IgG, CD38, or CD138 immunostaining should be demonstrated as figures. 4. The initial dose of glucocorticoids (GC) seemed to be relatively high. The body weight of the patient and the reason to choose such dose should be described. 5. In Figure 2, the authors should explain the finding in each figure (A-F) in more detail.