

## PEER-REVIEW REPORT

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

**Manuscript NO:** 92121

**Title:** Systemic lupus erythematosus in a 15-year-old female with multiple splenic nodules: A case report

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

**Peer-review model:** Single blind

**Reviewer's code:** 02842299

**Position:** Executive Associate Editor-in-Chief

**Academic degree:** PhD

**Professional title:** Chief Physician, Professor

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

**Author's Country/Territory:** South Korea

**Manuscript submission date:** 2024-01-16

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2024-01-28 19:09

**Reviewer performed review:** 2024-02-05 16:01

**Review time:** 7 Days and 20 Hours

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 Grade E: Do not publish
Novelty of this manuscript	<input checked="" type="checkbox"/> Grade A: Excellent <input 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 checked="" type="checkbox"/> Grade A: Priority publishing <input 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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<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

## SPECIFIC COMMENTS TO AUTHORS

In this manuscript, the authors introduced a rare case of splenic involvement with AP-CT and histologically, and they showed that spleen invasion by SLE can appear in multiple nodular forms and patterns. These findings may help physicians identify SLE nodules from infections and malignancies. This manuscript is generally concisely and coherently organized and presented. It is an interesting research topic. Several suggestions as follows. 1. In this case, the authors performed CT, RBC-SPECT, PET-CT for the patient to identify the etiology and nodule nature, however, MRI has also been emphasized in upper abdominal disease. The authors' preference for CT was based on lupus enteritis. Should MRI examinations be considered In the subsequent identification? If so, what is the value of the test compared to other examinations. 2. Periarteriolar necrosis was observed in this study, while aseptic necrosis and infarction were also observed in a previous study, based on your insights, weather this explain the occurrence of splenic infarction in patients with SLE. It would be nice to have more discussion. 3. It might be better to add scale bars to Figure3, even if it's stated in the description.



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