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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 88832

Title: Experience of primary intestinal lymphangiectasia in adults: Twelve case series

from a tertiary referral hospital

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 07302593 Position: Peer Reviewer Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

Manuscript submission date: 2023-10-11

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-10-11 07:28

Reviewer performed review: 2023-10-23 11:11

Review time: 12 Days and 3 Hours

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	[] Grade D: Fair [] Grade E: Do not publish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



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[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair
[] Grade D: No scientific significance
[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
[Y]Yes []No
Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thank you for the opportunity to review this paper. The paper proposes the institutional protocols for diagnosing primary intestinal lymphangiectasia, and provides valuable clinical data. However, there are still some details that need to be modified. 1.The aim mentioned in the abstract, "share the experiences of adult patients diagnosed with PIL", is rather vague. I suggest specifying the content. 2."This paper holds significant importance as it provides the first insights into the diagnosis, treatment, complications, and prognosis of adult patients with PIL. Given the rarity of PIL and the limited number of case reports in adults, there was a lack of guidance for diagnosis and treatment. This study presented the institutional protocols for diagnosing PIL, a cause of protein-losing enteropathy, among patients exhibiting the aforementioned clinical symptoms and blood test results. Sharing such protocols has the potential to aid physicians encountering similar patients, offering them a valuable point of reference." I recommend incorporating this paragraph into the abstract. 3.As for the "Statistical Analysis", considering the small number of cases due to the rarity of the disease, it might not be necessary to elaborate this as a separate section. I suggest to briefly cover this in the table



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footnotes or somewhere within the main text.



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RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 88832

Title: Experience of primary intestinal lymphangiectasia in adults: Twelve case series

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 07302593 Position: Peer Reviewer Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

Manuscript submission date: 2023-10-11

Reviewer chosen by: Chen-Chen Gao

Reviewer accepted review: 2023-12-18 14:34

Reviewer performed review: 2023-12-20 03:01

Review time: 1 Day and 12 Hours

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
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) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous



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statements

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

SPECIFIC COMMENTS TO AUTHORS

The authors have adequately addressed my comments and made revisions to the paper accordingly. The authors propose the institutional protocols for diagnosing primary intestinal lymphangiectasia, and provide valuable clinical data. I recommend accepting it in its present form.