

## PEER-REVIEW REPORT

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

**Manuscript NO:** 88849

**Title:** Clinical evolution of antisyndetase syndrome associated interstitial lung disease after COVID-19 in a man with Klinefelter syndrome: A case report

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

**Peer-review model:** Single blind

**Reviewer's code:** 04227304

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2023-10-11

**Reviewer chosen by:** Yu-Lu Chen

**Reviewer accepted review:** 2023-11-29 10:19

**Reviewer performed review:** 2023-11-30 04:18

**Review time:** 17 Hours

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 Grade E: Do not publish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 type="checkbox"/> Grade B: Good <input checked="" 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 type="checkbox"/> Grade B: Minor language polishing <input checked="" 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 type="checkbox"/> Minor revision <input checked="" 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

Thank you for the opportunity to review this manuscript. The authors describe a case of rapidly progressive anti-synthetase (AS) exacerbation two weeks after COVID-19. The paper is interesting, unique, and could convey some important conclusions. There are several issues to be addressed by the authors. The major issue is the lack of clinical data, as many additional information is required on the case itself and in the discussion. My specific notes: 1. General English corrections throughout the text: "half a month" should be two weeks, the abbreviation "mNGS" in the abstract should be explained, "The high nasal flow was" – should be something like – the patient required HFNC to maintain..., "the oxygenation index is" – should be "was", " suggested there were" – please rephrase, and so on. 2. The introduction presents the main ideas behind the case and its uniqueness. Patients with COVID-19 also have high-rates of second concurrent active clinical condition, as seen in a large study of over 30% among all severe COVID-19 patients (<https://pubmed.ncbi.nlm.nih.gov/36779316/>). I recommend the authors to address this issue in the introduction as it leads to diagnostic errors and delayed diagnoses, especially in cases like AS which shares similar respiratory and radiological



**Baishideng  
Publishing  
Group**

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

features with COVID-19, as shown in the citation above. 3. Case presentation: a. Authors need to add more background information on the patient – comorbidities, background on his Klinefelter disease and so on. b. The authors must note on the patient's COVID-19 infection. What was the disease severity? His chest radiologic features during the infection? Treatments received? Is there a possibility that AS flare was already present during the COVID-19 infection but was just missed? (maybe worth mentioning in the discussion) c. Please specify the results of the initial laboratory studies. d. What do "G" and "GM" stand for? e. Please indicate the days from presentation for every intervention or evaluation performed. f. If the patient required HFNC how did you performed the bronchoscopy? Was the patient intubated? Did he remain intubated until improvement or was weaned successfully? Please also specify the percentage of each cell type in the BAL. g. Based on my practice, AS Ab results takes time to return, on which hospitalization day did the answer returned? Did you initiate steroid treatment upon arrival? If not- when exactly? h. Why did you perform biopsy if you already had positive antibodies, clinic and improvement with steroids? In addition, why was it under US and not during the bronchoscopy? 4. Discussion: a. The beginning of the discussion should begin with a very brief summary of the paper's findings. Currently its first 3 lines seems to be out of context. In addition, the discussion should be comprised of several paragraph, each discussing a different topic relevant to the presented case. b. "Men are more vulnerable than women" – to what? How is that connected to anything? c. The authors should discuss the current standard of care for the diagnosis and treatment of AS. In this regard: i. Why was biopsy with US chosen? Trans-bronchial biopsy was shown to be very safe among patients with ILD in a large multicenter study (<https://pubmed.ncbi.nlm.nih.gov/37634496/>), and for organizing pneumonia trans-bronchial forceps biopsy was shown to have similar efficacy as cryobiopsy highlighting the possibility to perform this procedure in similar cases to the one

presented. ii. Treatment – the authors should discuss the lack of guidelines in the field, the observational studies conducted and the need for steroid sparing agents in many of the cases given the relative high rate of recurrence.

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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

**Manuscript NO:** 88849

**Title:** Clinical evolution of antisyndetase syndrome associated interstitial lung disease after COVID-19 in a man with Klinefelter syndrome: A case report

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

**Peer-review model:** Single blind

**Reviewer's code:** 04227304

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2023-10-11

**Reviewer chosen by:** Jing-Jie Wang

**Reviewer accepted review:** 2023-12-14 04:23

**Reviewer performed review:** 2023-12-14 05:51

**Review time:** 1 Hour

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
Language quality	<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
Conclusion	<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
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



**Baishideng  
Publishing  
Group**

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

statements

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

#### **SPECIFIC COMMENTS TO AUTHORS**

Thank you for the opportunity to review this paper once again. The authors have thoroughly revised their paper, which has been significantly improved. The sequence of events is now clear and the case is truly unique. I have to say the personally I find it hard to believe a patient on HFNC would not need intubation for performing a bronchoscopy, but the procedure was successful anyway. In addition, I think the first paragraph of the discussion is a bit out-of-place and I really do not understand its connection with the manuscript other than the patient having a relatively mild COVID-19, which is common even without KS. Maybe 1-2 lines of connection at its beginning would help. Finally, there is a problem with the reference list – as reference 1 is just the title and it makes the rest of the numbering wrong.