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**ESPS Peer-review Report**
**Name of Journal:** World Journal of Clinical Cases
**ESPS Manuscript NO:** 7277
**Title:** Can a polymorphism in the thalassemia gene (Gγ globulin gene) and a heterozygote CFTR mutation cause acute pancreatitis?
**Reviewer code:** 00505440
**Science editor:** Gou, Su-Xin
**Date sent for review:** 2013-11-13 10:51
**Date reviewed:** 2013-11-13 15:45

| CLASSIFICATION | LANGUAGE EVALUATION | RECOMMENDATION | CONCLUSION |
|---|---|---|---|
| [ ] Grade A (Excellent) | [ ] Grade A: Priority Publishing | Google Search: | [ ] Accept |
| [ ] Grade B (Very good) | [ ] Grade B: minor language polishing | [ ] Existed | [ ] High priority for publication |
| [Y] Grade C (Good) | [Y] Grade C: a great deal of language polishing | [ ] No records | [ ]Rejection |
| [ ] Grade D (Fair) | [ ] Grade D: rejected | BPG Search: | [Y] Minor revision |
| [ ] Grade E (Poor) | | [ ] Existed | [ ] Major revision |
| | | [ ] No records | |

**COMMENTS TO AUTHORS**
This is indeed an interesting case that needs to be published to increase awareness of more uncommon causes. Hopefully, a better appreciation of similar abnormalities in the future will enable a clearer understanding of the pathogenesis of acute pancreatitis in such patients. Major comments 1. The authors could provide a table summarising the tests performed and which were positive and negative as it becomes quite confusing in the middle of the case 2. Please could the authors emphasise a bit more on the importance of ethnicity and its relation to thalasemia in the discussion. This case may be more of significance to gastroenterologists treating Acute pancreatitis in regions which report a higher incidence of thalasemia, eg Thailand, Africa, other parts of Asia, Mediterranean region, etc. 3. The hypothesis offered by the authors for the pathogenesis of the disease in this patient should be a little more robust rather than just mentioning 'two-hit'. The contribution of the CFTR gene mutation has not been dealt with at all. While i completely understand this is an exercise in hypothetical discussion, it will certainly add to the discussion. A reference to whether the patient had thalasemia major or minor would also be helpful. 4. The most important portion missing is how this knowledge helped the authors to advise the patient when preventing further attacks. While i do understand the lack of functional data, did the patient travel by air after the diagnosis and did she suffer an attack again or did the authors advise her well to prevent such attacks. Minor comments 1. Please avoid using the word, 'black' in the manuscript in relation to the patient. It has been very clearly stated that the patient is a native African (Kenyan) and hence there is no further need to use the word, 'black'. 2. Manuscript needs copyediting for the English language – words like 'African' need to be spelt correctly as well as the use of the words 'these' and 'those' in the introduction,

spelling of repetitive in the introduction, second last line, etc 3. Please provide the full forms when using abbreviations for the first time, PRSS, CTFR, SPINK, CTRC, CAT, CMV, EBV, etc

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**Name of Journal:** World Journal of Clinical Cases
**ESPS Manuscript NO:** 7277
**Title:** Can a polymorphism in the thalassemia gene (Gγ globulin gene) and a heterozygote CFTR mutation cause acute pancreatitis?
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**Science editor:** Gou, Su-Xin
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| CLASSIFICATION | LANGUAGE EVALUATION | RECOMMENDATION | CONCLUSION |
|---|---|---|---|
| [ ] Grade A (Excellent) | [ ] Grade A: Priority Publishing | Google Search: | [ ] Accept |
| [Y] Grade B (Very good) | [Y] Grade B: minor language polishing | [ ] Existed | [Y] High priority for publication |
| [ ] Grade C (Good) | [ ] Grade C: a great deal of language polishing | [ ] No records | |
| [ ] Grade D (Fair) | | BPG Search: | [ ]Rejection |
| [ ] Grade E (Poor) | [ ] Grade D: rejected | [ ] Existed | [ ] Minor revision |
| | | [ ] No records | [ ] Major revision |

**COMMENTS TO AUTHORS**

L?hr and Haas present a case of recurrent acute pancreatitis, which may be caused by a combination of n alteration in the thalassemia gene (encoding alterations in oxygen saturation) with a heterozygote sequence variant in the CFTR gene (possibly altering pancreatic secretion). The observation is interesting and the combination of mutations may explain some of the cases with "idiopathic pancreatitis". The manuscript is in general well written and I have only few comments listed below: Abstract: The abbreviations need to be explained (includes the introduction as well) Introduction: well written Report: CAT, MCV and other abbreviations shall be explained. In the second paragraph the authors write "healthy 31 year old black female". First she cannot be considered healthy (anemia and recurrent pancreatitis), second most text is redundant. The time course is difficult to follow, it is suggested that the authors present clearly 1) the retrospective information from the first hospital visit 8 years ago (at another hospital); 2) The course of disease until the first admission to the Swedish hospital; 3) The presentation at referral in Sweden for acute pancreatitis and 4) the subsequent follow up at the outpatient clinic. Figure 1 is a still picture and it is difficult to identify the pancreas for clinicians not familiar with ultrasound. I suggest that pancreas is identified with arrows or the circumference drawn with a stippled line. Discussion: well written and informative