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### ESPS Peer-review Report

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

**ESPS Manuscript NO:** 9444

**Title:** A man with facial nerve palsy, headache, peripheral neuropathy and Kaposi's sarcoma

**Reviewer code:** 00742190

**Science editor:** Wen, Ling-Ling

**Date sent for review:** 2014-02-13 10:17

**Date reviewed:** 2014-02-15 00:36

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

### COMMENTS TO AUTHORS

General comments: Interesting case presenting a diagnostic dilemma. Will require some language polishing, and it is recommended that a condition be spelled out with its abbreviation before the abbreviation is used alone - GCA in the abstract is an example, but there are others in the text.

**ESPS Peer-review Report**

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

**ESPS Manuscript NO:** 9444

**Title:** A man with facial nerve palsy, headache, peripheral neuropathy and Kaposi's sarcoma

**Reviewer code:** 00646541

**Science editor:** Wen, Ling-Ling

**Date sent for review:** 2014-02-13 10:17

**Date reviewed:** 2014-02-16 06:29

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

**COMMENTS TO AUTHORS**

Major: Abstract How long months later? Its unclear the time. Also, the abstract didn't explain very well the treatment, they say stopped MTX but never said that started. It's not clear where the skin lesions were located. Was suggestive of Kaposi's sarcoma? Suggestive? So that mean maybe not? In general don't provide a good summary of the clinical case. Introduction: I didn't understand what the author try to say, this is not an introduction. Case report: I don't think that is needed: after having been referred by the neurology service, carrying the diagnosis of giant cell arteritis (GCA), for further management. He was a very anxious elderly gentleman. Also, in the follow-up the patient is was unchanged, so why described again: Besides right facial nerve palsy, the physical examination was normal, including normal temporal artery pulses (on the right, proximal to the biopsy site). Except for mild leukocytosis, his laboratory was normal. In general they are many information scientifically irrelevant, example; loss the appointment, increase or decrease of each doses, the pathologist was specifically asked to review the temporal artery biopsy and to recut the specimen and examine it thoroughly at multiple sections. Again, no evidence of GCA was found, etc. All the descriptive of neurophysiological findings and pathological findings are irrelevant, only the final conclusions. Discussion: The summary is unnecessary. .... If we wanted to summarize the case, we have an elderly man, who initially presented with right facial nerve palsy and ipsilateral headache, with elevated ESR, and no fever. He was placed by the neurologists on high dose steroids, with the presumptive diagnosis of GCA. A temporal artery biopsy, performed 20 days after the commencement of this treatment, was negative. One could say that his response to steroids was not typical for GCA; three months after initiation of this treatment and while on high dose steroids, he

was still complaining of strong, right side, headache. However, his ESR rather fluctuated according to the steroid dosage. Several months later, while on 16mg of methylprednisolone daily, he presented with severe sensorimotor peripheral symmetric neuropathy, muscle wasting and inability to walk, uncontrolled blood sugar and psychosis. In an attempt to spare steroids, a small dose of methotrexate was started, and at the same time a work up for malignancy was initiated, with the strong feeling that such a disease could explain the picture, probably through the induction of a paraneoplastic process. At the same time a biopsy of the macular skin lesions that had appeared almost simultaneously was inconclusive, whereas a repeat biopsy from the same area of the lesions that had become nodular, a month later, was suggestive of Kaposi's sarcoma. Finally, a third biopsy of a similar lesion, after spreading of the skin process, confirmed the diagnosis of Kaposi's sarcoma, methotrexate was discontinued and the patient was placed on IFN $\alpha$ . He was seen by us three months later in very satisfactory condition, with no clinical evidence of neuropathy, normal muscle strength, no headache, normal electrophysiologic nerve studies, involution of Kaposi's lesions and a normal ESR.

Discussion: They didn't mention the sensitivity or specificity of the biopsy in temporal arteritis. The description of the autoimmune differential diagnosis are poor and some paragraph are not supported by any reference only their own experience. They didn't mention any physiopathology underlying. What about the psychosis? Minor Abstract: Please, provide description of the any abbreviation when is first mentioned. Example. Abstract -GCA. There are some grammatical errors as methylprednisolone. Delete subjective and hypothetical sentences as: "with the strong feeling that such a disease could explain the picture, probably through the induction of a paraneoplastic process"

Case report: Plase, clarify: per os