

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 41937

Title: Successful steroid treatment for acute fibrinous and organizing pneumonia: A case report and literature review

Reviewer's code: 02496986

Reviewer's country: Cyprus

Science editor: Ying Dou

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SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Comment to the authors: Manuscript 41937 entitled 'Successful steroid treatment for acute fibrinous and organizing pneumonia: A case report and literature review' I read your case report of AFOP with great interest. The strength of the case report is that it

deals with a rare entity and the favourable response to the short-term steroid treatment. However, I have some concerns about it 1. Page 5, 1st paragraph the authors state : ‘A few studies have reported the characteristics of AFOP in recent years, but the etiology is still unknown’ However the disease is associated with many factors, such as autoimmune rheumatic diseases, occupational exposure, altered immune status, hematologic malignancies, infections, drug exposure (Case Reports in Rheumatology 2012, Article ID 549298), and as stated in Discussion section. Please rephrase. 2. In such cases bronchoscopy with bronchoalveolar lavage and transbronchial lung biopsy or cryobiopsy is sufficient to provide a diagnosis in the majority of cases. However in this case bronchoscopy was not performed and the authors chose fine-needle aspiration. The presence of infectious agents and the possibility of post infectious COP or AFOP is not sufficiently excluded. Please explain in detail. 3. Page 6, 1st paragraph: ‘The pathologic examination revealed prominent fibrinous exudation within most the alveolar spaces’. Please provide additional images of the biopsies obtained and a more detailed description of the histopathological findings. 4. AFOP is described as an aggressive disease with relapses even after long term steroid treatment elsewhere. How do the authors explain this discrepancy? 5. Page 8, ‘anti-infective agents’. Do you mean anti-inflammatory? 6. There are some English grammatical and typographical errors that should be corrected. Best regards,

INITIAL REVIEW OF THE MANUSCRIPT

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