



**PEER-REVIEW REPORT**

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

**Manuscript NO:** 49599

**Title:** Efficient management of secondary haemophagocytic lymphohistiocytosis with intravenous steroids and  $\gamma$ -immunoglobulin infusions

**Reviewer’s code:** 00505752

**Position:** Editorial Board

**Academic degree:** PhD, MD

**Professional title:** Attending Doctor, Senior Lecturer

**Reviewer’s country:** United Kingdom

**Author’s country:** Greece

**Reviewer chosen by:** Na Ma

**Reviewer accepted review:** 2019-08-02 06:33

**Reviewer performed review:** 2019-08-02 09:06

**Review time:** 2 Hours

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 checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input 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**



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This is an informative review that describes the single centre management and outcome of an unselected series of patients with secondary HLH. I find the content informative and have a number of minor suggestions to improve the manuscript as follows. 1. In the abstract, it is stated that underlying infections were diagnosed in 74%. Please add in the unidentified and mycobacterial categories to ensure that numbers add up. 2. Were NK cells or sol CD25 measured? If so, please add data to Table 1. If not, please state this. 3. The role of IVIG requires further discussion given that this product is always in short supply. Gilardin et al CMAJ. 2015 Mar 3; 187(4): 257-264 cite only grade 3 evidence in support of this intervention. Please succinctly summarise the evidence in support of the use of IVIG in this condition. The section on putative mechanisms of action of IVIG could be shortened. 4. Please provide outcome data for the 4 patients treated with corticosteroids alone. Why did these patients not receive IVIG? 5. Please clarify that all four patients with VL who received LAMB achieved complete remission (not quite fully explicit as it reads currently). 6. IVIG commonly induces infusion reactions when administered in the face of active infection. Please add information on tolerability of infusions. 7. Please carefully proofread the re-submission as there are a number of grammatical and typographical errors.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

- [ ] The same title
- [ ] Duplicate publication
- [ ] Plagiarism
- [ Y ] No

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