Baishideng Publishing Group

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

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 53611

Title: A case of NK/T-cell lymphoma with intracranial infiltration misdiagnosed as orbital cellulitis

Reviewer's code: 02536364
Position: Peer Reviewer
Academic degree: MD, PhD
Professional title: Doctor
Reviewer's Country/Territory: Japan
Author's Country/Territory: China

Manuscript submission date: 2019-12-25
Reviewer chosen by: Le Zhang
Reviewer accepted review: 2020-02-27 03:51
Reviewer performed review: 2020-02-28 09:09
Review time: 1 Day and 5 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[ ] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

Baishideng Publishing Group

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

SPECIFIC COMMENTS TO AUTHORS

This paper is a case report of NK/T-cell lymphoma with chronic EB virus infection. This is a rare condition and should be carefully considered. The following is a list of problems related to this paper. 1) There are many unclear points in the presentation of this patient, and the diagnosis is not clear. It seems that EB virus infection is currently active, but what about the results of immunostaining for EBNA-2, LMP-1, CD30, TIA1, etc.? Also, were T-cell clonality and hemophagocytosis observed? Pictures are not required and should be explained in writing. (In addition, I could not find the pathological photograph in Fig. 2) I did not understand the basis of your diagnosis as to whether this case should be NK/T-cell lymphoma with chronic EB virus infection, or a combination of the two. 2) Regarding the discussion: First, the diagnosis as above mentioned, should be carefully considered. So should this case be a gray zone for chronic EBV infection and NK/T-cell lymphoma? Can this condition be transferred? Strict differential diagnosis may be difficult, but how did the author understand this condition? The author should comment on the condition, giving a general concepts. This is the most important point of this paper. 3) I considered extremely rare that a 3-year-old infant would develop the disease. Has there been a similar case report in the past? Also, as the authors state, long-term survival seems to be quite severe without allogeneic hematopoietic stem cell transplantation, but the patient has survived successfully without recurrence for more than two years. I wanted you to explain this reason. As mentioned above, this patient is considered to be a very valuable case, but a significant reconsideration is required before publishing the paper.

Baishideng Publishing Group

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

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 53611

Title: A case of NK/T-cell lymphoma with intracranial infiltration misdiagnosed as orbital cellulitis

Reviewer's code: 00729695
Position: Peer Reviewer
Academic degree: MD
Professional title: Director
Reviewer's Country/Territory: Japan
Author's Country/Territory: China

Manuscript submission date: 2019-12-25
Reviewer chosen by: Jie Wang (Quit in 2020)
Reviewer accepted review: 2020-03-06 09:27
Reviewer performed review: 2020-03-10 07:25
Review time: 3 Days and 21 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[ ] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

Baishideng Publishing Group

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

SPECIFIC COMMENTS TO AUTHORS

This report described a 3-year-old boy who presented prolonged fever and space occupying lesion extending from right orbit to temporal lobe, which was later diagnosed as EBV-associated NK/T lymphoma. Clinically, this case seems very interesting. However, there are several points to be clarified. Considering of positive IgM antibody for EBV and entire clinical course, this infant is considered to have contracted primary severe EBV infection. In this context, it seems not adequate to conclude that his lymphoma was progressed from chronic active EBV infection. Although rare, it has been reported that fatal EBV primary infection resembles lymphoma clinically. (For the diagnosis of CAEBV, it is necessary that mononucleosis-like symptoms continue for more than three months.) In fatal or severe primary EBV infection including EBV-HLH, EBV infection in B or T cells is polyclonal or oligoclonal. Authors should check monoclonality of EBV infection in the lymphoma cells. Also, monoclonality of NK/T lymphoma cells should be determined.