



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 51892

Title: Excellent hematological response of a patient with refractory severe aplastic anemia by manipulating gut Inflammation: A case report

Reviewer’s code: 03034605

Position: Peer Reviewer

Academic degree: MBBS

Professional title: Surgeon

Reviewer’s country: India

Author’s country: China

Reviewer chosen by: Artificial Intelligence Technique

Reviewer accepted review: 2019-11-08 01:52

Reviewer performed review: 2019-11-11 15:30

Review time: 3 Days and 13 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 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 type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" 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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The authors have presented an interesting case of refractory aplastic anemia which responded to mannitol-gentamicin (MG) and polyethylene glycol-rifaximin (PR) regimen. However, several questions need to be answered before we draw the conclusion that gut inflammation was responsible for aplastic anemia. More than the gut inflammation, recurrent gut infections due to immunocompromised state of the patient most likely appears to be the cause of favorable response to MG or PR regimen. Additionally, I have the following comments for the authors: 1. Title needs to be modified as 'manipulating gut inflammation' does not appear to be an appropriate term. 2. Were any abdominal imaging studies such as ultrasound or CT performed as the patient had recurrent abdominal cramps with multiple polyps in colon and rectum? 3. Was upper gastrointestinal endoscopy performed? 4. What was the type of the colorectal polyp: hyperplastic, hamartomatous or inflammatory or polyps? The described microscopic findings do not fit in to any of these polyps. 5. How does enlarged lymphoid follicles confirm gut inflammation. This can be a normal finding. 6. Was microbiota analysis done to understand the microbial flora of this patient and the changes in it? Was stool examination performed? 7. Were aminoglycosides used intravenously before starting MG regimen orally? 8. Please provide appropriate references supporting the use of MG or PR regimen for the treatment of gut infections as mentioned in the Discussion. 9. Please mention previous studies or case reports/series where MG or PR or any other similar regimen was used to treat autoimmune diseases.

INITIAL REVIEW OF THE MANUSCRIPT

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No