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: 58372

Title: Immunotherapies application in active stage of systemic lupus erythematosus in pregnancy: A case report and review of literature

Reviewer's code: 00186131
Position: Peer Reviewer
Academic degree: MD, PhD
Professional title: Assistant Professor
Reviewer's Country/Territory: Italy
Author's Country/Territory: China

Manuscript submission date: 2020-07-23
Reviewer chosen by: AI Technique
Reviewer accepted review: 2020-07-23 23:31
Reviewer performed review: 2020-08-03 12:06
Review time: 10 Days and 12 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Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] 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

The manuscript is interesting and well written. However, I suggest to briefly discuss the role of vaccines including flu and pneumococcal vaccinations to decrease the risk of infections and, thus, of developing SLE flares (see and add as references papers by Murdaca et al concerning vaccinations)

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: 58372

Title: Immunotherapies application in active stage of systemic lupus erythematosus in pregnancy: A case report and review of literature

Reviewer's code: 03547102
Position: Peer Reviewer
Academic degree: MD, MSc
Professional title: Adjunct Professor, Doctor, Research Fellow
Reviewer's Country/Territory: Mexico
Author's Country/Territory: China

Manuscript submission date: 2020-07-23
Reviewer chosen by: AI Technique
Reviewer accepted review: 2020-07-23 17:34
Reviewer performed review: 2020-08-04 16:20
Review time: 11 Days and 22 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	[Y] 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

1. The information in the case report is confusing. I suggest starting with the pre-pregnancy evaluation. Subsequently, present the evolution during the pregnancy, including relevant laboratories and activity indexes at each evaluation time. The form of presentation "24 +3 weeks of pregnancy" is difficult to understand. Describe the clinical course of the episode of care during follow-up visits, including weeks of pregnancy, relevant clinical data, relevant laboratory studies, activity indices, indications for discontinuation, or medication modification. 2. Change "Medrol" to methylprednisolone. 3. I suggest changing the presentation of Table 2 and Figure 1. The authors should include an activity index in each of the evaluations carried out (SELENA-SLEDAI or BILAG). 4. The pregnancy was planned or accidental. Why was the patient not prescribed chloroquine/hydroxychloroquine from the beginning of the pregnancy? Why was tacrolimus or low-dose glucocorticoids not maintained to maintain remission during pregnancy? 5. What are the indications for immunoglobulin in the treatment of systemic lupus erythematosus during pregnancy? What is the recommended dose in pregnancy? What is the appropriate time interval between the first and second doses of intravenous immunoglobulin? Based on their clinical case, do the authors consider that IVIG administration was successful? 6. If the response to the 1st cycle of immunoglobulin was good, what is the indication of plasmapheresis? Why did you not receive a second IVIG dose three weeks after the 1st dose? 7. The azathioprine dose used is less than 2 mg / Kg / d, in an outbreak patient, because a suboptimal dose was used. 8. What was the reason for the suspension of tacrolimus? Why was cyclosporine or tacrolimus not used as the initial medications for treating lupus activity? 9. Was glucocorticoid use only in pulses and high doses? Why was a maintenance dose not used? 10. After cesarean section, a two-cycle of intravenous immunoglobulin was administered,

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

because if there was no clinical response; since the authors used plasma adsorption therapy. 11. One week after the cesarean section, rituximab 100mg was indicated. Why 100mg? Why was the second dose of rituximab not considered? Why combine sub-therapeutic doses of rituximab and cyclophosphamide? 12. The drugs' efficacy is difficult to understand because multiple treatments were used in subtherapeutic doses (i.e., azathioprine, rituximab, cyclophosphamide), the recommended IVIg dose during pregnancy in some studies is every three weeks. It is not clear if the pregnancy was planned if the patient was in remission at the time of pregnancy, and the reason why she did not maintain hydroxychloroquine, tacrolimus, or low doses of glucocorticoids to decrease the possibility of lupus flare-up during the pregnancy is not specified. 13. The discussion is limited to the review of immunosuppressants used in the treatment of lupus erythematosus. The discussion of the case, instead of a review of the medications used, mainly discusses the risks and benefits of the treatments used. Why stop or change the dose of a drug; at what time should its effectiveness be evaluated? Why use sub-therapeutic doses of many of them? Why use plasmapheresis? 14. The authors propose as objective: "provide some guidance for the clinical use of immunotherapies in pregnancy." With what was previously indicated and reported with the clinical practice guidelines. What should be the treatment of choice in patients with SLE activity during pregnancy? How is it considered to be refractory to treatment? What should be the treatment of patients refractory to treatment? Do you consider that the use of multiple drugs at suboptimal doses is better than using 1 or 2 drugs at optimal doses? What would be the justification for employing? 15. Being a case report, I find no justification for considering emerging therapies. Alternatively, the authors consider that some of the drugs under investigation would be useful for the case presented.