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## PEER-REVIEW REPORT

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

**Manuscript NO:** 52792

**Title:** Large cutaneous epithelioid angiomatous nodules in a patient with nephrotic syndrome: A case report

**Reviewer's code:** 02726701

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Associate Professor

**Reviewer's country:** Chile

**Author's country:** China

**Reviewer chosen by:** Artificial Intelligence Technique

**Reviewer accepted review:** 2019-12-03 11:23

**Reviewer performed review:** 2019-12-03 12:35

**Review time:** 1 Hour

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

Comments on Large cutaneous epithelioid angiomatous nodules in a patient with nephrotic syndrome: a case report  
Introduction section As Cutaneous epithelioid angiomatous nodule (CEAN) is a rare condition, please, add more general information. Do risk factors for CEAN exist? What are the possible complications of CEAN? What are CEAN therapeutic alternatives, if any? Case presentation section "A 19-year-old boy with NS intermittently had relapse of legs edema in the past 6 years, and found large black nodules". Does this edema obey to nephrotic syndrome or any other etiology? Is there any evidence of hypertension in the venous system or any lymphedema? The kidney disease seems to be an IgA related glomerulopathy, why so many immunosuppressive therapies? Did the patient's treatment include renin-angiotensin system blockade? Was the patient always nephrotic? Was cyclosporine dose just 100 mg daily? Less than 2 mg/Kg/d? What happened to the kidney disease after cyclosporine withdrawal? Discussion section As the authors mentioned the oncological potential of cyclosporine and, as CEAN seem to be an endothelial derived pathology, could it be added a comment about Kaposi's sarcoma as it is also related to immunosuppression, tends to vanish with reduction of immunosuppressive therapy if any and is related to a chronic viral infection as CEAN could be as well? Conclusion section "The impaired immune status is one of risk factors for CEAN". Is it? Or is it just proposed? Figures are all nice and illustrative. References and abstract are also OK.

## INITIAL REVIEW OF THE MANUSCRIPT

### *Google Search:*

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No



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- ☐ Plagiarism
- ☐ No