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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 70123

Title: Rhizopus microsporus lung infection in an immunocompetent patient successfully

treated with amphotericin B: A case report

Reviewer's code: 05643683

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-08-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-08-09 05:24

Reviewer performed review: 2021-08-14 11:01

Review time: 5 Days and 5 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Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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 [] Grade B: Minor language polishing [Y] 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



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SPECIFIC COMMENTS TO AUTHORS

Thank you for giving me the opportunity to review "Rhizopus microsporus lung infection in an immunocompetent patient with combination strategy of Amphotericin B: a case report". I would recommend it for acceptance after the minor points listed above and annotated on the manuscript are addressed. 1. Rhizopus microsporus lung infection has been reported frequently in a group of patients with poorly controlled diabetes and immunodeficiency, and in a case report, the authors reported no immunodeficiency or pre-existing disease. It is recommended that good blood glucose status on admission (e.g. HbAIc) and the presence of HIV infection (it would be important to mention that the patient is negative) be noted. 2. In the case of Rhizopus microsporus lung infection, surgical debridement may be considered, but it was not performed in this case. If you have any reason why local administration of amphotericin B was preferred over surgical intervention or why surgical intervention was inappropriate, please describe it. I hope these comments will be helpful.