

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4946

Title: ERDHEIM CHESTER - a rare syndrome with unique endoscopic features.

Reviewer code: 00239992

Science editor: Zhai, Huan-Huan

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Date reviewed: 2013-08-30 00:26

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Dear Editor, thank you for giving me the opportunity to review this very interesting case report on a rare disease where many new findings have been made lately. i have nevertheless a few comments: -the manuscript should be carefully re-read by english native speaker: there are many mistakes (such as Langerhans (and not langerhance), Erdheim-Chester disease is the proper term, biopsy-proven (instead of proved)....). Erdheim-Chester disease can also be replaced by ECD as well. - i think the exact number of case reports found in the medical litterature should be more clearly stated by the authors (instead of saying "few reports"). - The iconography is very impressive - The bibliography should be completed by the Blood 2011 series on 53 patients (Arnaud et al.) - Can the authors comment on the choice of treatment by vinblastine + prednisone as it is not at all classical regimen in ECD (but is classical in case of Langerhans cell histiocytosis). Why didn't they consider interferon alpha therapy or alternative therapys ? - Authors should as well comment if possible on the evolution under treatment: was the endoscopy controled under treatment ?