**ESPS Peer-review Report**

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 9128

**Title:** First Case of IgG4-related Sclerosing Cholangitis Associated with Autoimmune Hemolytic Anemia

**Reviewer code:** 00068156

**Science editor:** Qi, Yuan

**Date sent for review:** 2014-01-23 20:07

**Date reviewed:** 2014-01-27 10:23

| CLASSIFICATION | LANGUAGE EVALUATION | RECOMMENDATION | CONCLUSION |
|---|---|---|---|
| [  ] Grade A (Excellent) | [ Y] Grade A: Priority Publishing | Google Search: | [ Y] Accept |
| [ Y] Grade B (Very good) | [  ] Grade B: minor language polishing | [  ] Existed | [  ] High priority for publication |
| [  ] Grade C (Good) | [  ] Grade C: a great deal of language polishing | [  ] No records | |
| [  ] Grade D (Fair) | | BPG Search: | [  ] Rejection |
| [  ] Grade E (Poor) | [  ] Grade D: rejected | [  ] Existed | [  ] Minor revision |
| | | [  ] No records | [  ] Major revision |

## COMMENTS TO AUTHORS

This is a case report on the immunoglobulin G4-related sclerosing cholangitis (IgG4-SC). Currently, it is known that many patients with IgG4-SC have autoimmune pancreatitis (AIP) and respond to steroid treatment. So it is difficult to differentially diagnose IgG4-SC from conditions such as primary sclerosing cholangitis (PSC) and biliary cancer, particularly in patients who have IgG4-SC alone. This case report described a patient who had IgG4-SC with autoimmune hemolytic anemia (AIHA) instead of AIP. The case with IgG4-SC and AIHA is extremely rare, which has not been reported previously. Therefore, this case report is helpful for us to further understand the pathogenesis and diagnose of IgG4-SC.

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**Name of Journal:** World Journal of Gastroenterology
**ESPS Manuscript NO:** 9128
**Title:** First Case of IgG4-related Sclerosing Cholangitis Associated with Autoimmune Hemolytic Anemia
**Reviewer code:** 00055108
**Science editor:** Qi, Yuan
**Date sent for review:** 2014-01-23 20:07
**Date reviewed:** 2014-02-10 16:12

| CLASSIFICATION | LANGUAGE EVALUATION | RECOMMENDATION | CONCLUSION |
|---|---|---|---|
| [ ] Grade A (Excellent) | [ ] Grade A: Priority Publishing | Google Search: | [ ] Accept |
| [ ] Grade B (Very good) | [ Y] Grade B: minor language polishing | [ ] Existed | [ ] High priority for publication |
| [ Y] Grade C (Good) | [ ] Grade C: a great deal of language polishing | [ ] No records | |
| [ ] Grade D (Fair) | | BPG Search: | [ ]Rejection |
| [ ] Grade E (Poor) | [ ] Grade D: rejected | [ ] Existed | [ Y] Minor revision |
| | | [ ] No records | [ ] Major revision |

**COMMENTS TO AUTHORS**

It is a well written case report, reflecting the difficulties in diagnosing the entity. It would be interesting if the authors could implicate data (if available) according to the conclusions of the just e-published paper in Hepatology – by Boonstra et al, Serum IgG4 and IgG1 for Distinguishing IgG4-Associated Cholangitis from Primary Sclerosing Cholangitis. If possible speculate if the IgG4/IgG1 ratio could have helped the authors to make the diagnose IgG4-SC. Regarding figures 1-4, it would be appropriate to mark the specific findings the authors are referring to in the figures legends. Mark with arrows or something else suitable. This would outline the findings better and the readability of the paper would be better for the readers (not everybody is familiar with the different modalities in these figures.) Please also control in the text and the legend of fig 2 *contrast effect* is that correct or are the authors meaning * contrast defect*? Regarding the tables – always nice to be reminded of how to convert mg/dl to g/l, which also is a frequently used unit? One could also implement the reference interval for IgG/IgG- subclasses. In table 1 the authors have written dilect bilirubin, I think they are meaning direct bilirubin (or conjugated). In table 2 look to the heading/text of each column – it might be an adobe error – but control it due to readability.

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**Name of Journal:** World Journal of Gastroenterology
**ESPS Manuscript NO:** 9128
**Title:** First Case of IgG4-related Sclerosing Cholangitis Associated with Autoimmune Hemolytic Anemia
**Reviewer code:** 00058569
**Science editor:** Qi, Yuan
**Date sent for review:** 2014-01-23 20:07
**Date reviewed:** 2014-02-11 16:11

| CLASSIFICATION | LANGUAGE EVALUATION | RECOMMENDATION | CONCLUSION |
|---|---|---|---|
| [ ] Grade A (Excellent) | [ Y] Grade A: Priority Publishing | Google Search: | [ Y] Accept |
| [ Y] Grade B (Very good) | [ ] Grade B: minor language polishing | [ ] Existed | [ ] High priority for publication |
| [ ] Grade C (Good) | [ ] Grade C: a great deal of language polishing | [ ] No records | |
| [ ] Grade D (Fair) | | BPG Search: | [ ]Rejection |
| [ ] Grade E (Poor) | [ ] Grade D: rejected | [ ] Existed | [ ] Minor revision |
| | | [ ] No records | [ ] Major revision |

## COMMENTS TO AUTHORS

It is very well presented case report, an interesting case

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**Name of Journal:** World Journal of Gastroenterology
**ESPS Manuscript NO:** 9128
**Title:** First Case of IgG4-related Sclerosing Cholangitis Associated with Autoimmune Hemolytic Anemia
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**Science editor:** Qi, Yuan
**Date sent for review:** 2014-01-23 20:07
**Date reviewed:** 2014-02-17 18:19

| CLASSIFICATION | LANGUAGE EVALUATION | RECOMMENDATION | CONCLUSION |
|---|---|---|---|
| [  ] Grade A (Excellent) | [  ] Grade A: Priority Publishing | Google Search: | [  ] Accept |
| [  ] Grade B (Very good) | [ Y] Grade B: minor language polishing | [  ] Existed | [  ] High priority for publication |
| [  ] Grade C (Good) | [  ] Grade C: a great deal of language polishing | [  ] No records | |
| [ Y] Grade D (Fair) | | BPG Search: | [ Y]Rejection |
| [  ] Grade E (Poor) | [  ] Grade D: rejected | [  ] Existed | [  ] Minor revision |
| | | [  ] No records | [  ] Major revision |

## COMMENTS TO AUTHORS

This is probably the first paper describing the association between IgG4-related sclerosing cholangitis and autoimmune hemolityc anemia. However, it is expected that different autoimmune disorders may present simultaneously, so this association is not surprising. The manuscript has no major faults, but its interest is limited. Some suggestions: - IgG4 were already markedly increased at the first observation. Authors should discuss why they ignored this finding. - the last paragraph of the discussion (from: Many cases...) is redundant and could be omitted. - Table 1 should be omitted. - In table 2 the range of normal values should be inserted (at least IgG values)