

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Surgery*

**Manuscript NO:** 78689

**Title:** IgG4-related disease in the sigmoid colon in a patient with severe colonic fibrosis and obstruction: A case report

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05099179

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** China

**Manuscript submission date:** 2022-07-10

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-07-12 02:36

**Reviewer performed review:** 2022-07-23 15:32

**Review time:** 11 Days and 12 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input type="checkbox"/> ] Onymous Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No
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#### **SPECIFIC COMMENTS TO AUTHORS**

1. There is repetition of information in history of present illness, history of past illness and personal and family history. 2. Please indicate the location of the lesion on the figure 3 to 5. 3. There is no mention of the patient's treatment other than surgery in the part of treatment. 4. Follow up has not been provided.

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**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Sweden

**Author's Country/Territory:** China

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**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-08-01 14:23

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**Review time:** 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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## SPECIFIC COMMENTS TO AUTHORS

Review of manuscript "IgG4-related disease in the sigmoid colon in a patient with severe colonic fibrosis and obstruction: A case report" submitted to WJG. Overall: This is very rare and interesting case relevant and important from the clinical point of view.

Comments: Comment 1: In the introduction section the authors wrote: "Additionally, the imaging features of IgG4-RD are as follows: a diffusely enlarged pancreas surrounded by capsule-like edema ('sausage-shaped' pancreas) (Figure 2a) and the anterolateral aorta wrapped by soft tissue in the case of retroperitoneal fibrosis (Figure 2b). If this is your patient then the whole case should be described in different manner, it is not just IgG4 in colon but case of patient with IgG4-related pancreatitis (autoimmune pancreatitis type 1), IgG4-related aortitis, retroperitoneal fibrosis and even involvement of colon (and probably urinary bladder) – did I understand right? Why you concentrated only at colon not mentioning other organ involvement? Comment 2: In the introduction section the authors wrote the sentence that is difficult to understand: "Since IgG4-RD is a multi-organ disease, and it can easily be confused with malignancies, infections, or other conditions." – is there something missing in this sentence? – it should be re-write/edit. Comment 3: In the introduction section the authors wrote: "It is also characterized by slow disease progression and irreversible organ dysfunction It is also characterized by slow disease progression and irreversible organ dysfunction." – which organ you mean when you mention "irreversible"? Comment 4: In case-presentation authors wrote History of past illness including a 30-year-old history of hepatitis B that is already mentioned in the previous sub-section. Comment 5: Data on smoking and alcohol consumption in personal history are missing as well as data on bowel

movements/stool habits and stool consistency (any diarrhea in history?) Comment 6: In history of present illness authors wrote that "Patient went to the urology department where prostatic hyperplasia was considered" - this is very interesting information - is histopathology analysis available (IgG4 in prostate or bladder?) Did they perform cystoscopy? Comment 7: Laboratory analysis: how you explained anemia? Did you check blood in stool? Comment 8: Imaging: Authors wrote "We scanned the pancreas by CT and magnetic resonance imaging (Figure 5), and found an enlarged pancreas, which was similar to the 'sausage-shaped' pancreas finding in IgG4-RD." - that means that patient had autoimmune pancreatitis type 1. Did you perform amylase and lipase in serum? In "initial diagnosis" you are not mentioning pancreatitis, vasculitis (aortitis), retroperitoneal fibrosis. Comment 9: Further diagnostic work-up: Authors wrote: "immunohistochemistry showed more IgG4-positive cells in the diseased tissues than that in normal tissue, and the ratio of IgG4/IgG was about 60%." - how many cells were there, can you be more specific? - it is very important to know. In European guidelines on IgG4 related autoimmune pancreatitis (AIP) criteria for AIP histology are as followed: For the diagnosis of AIP, the number of IgG4+ plasma cells should exceed 50 cells/high-power field (HPF) in surgical specimens and 10 cells/HPF in biopsy samples. In addition, the IgG4/IgG ratio should be more than 40%. Which diagnostic criteria for histology did you use? Comment 10: Authors wrote that "Immunology-related blood indices (Table 1, Table 2) showed that the IgG4 level was 1.830 g/L, which was significantly high (for IgG4-RD, the cut-off value is >1.35 g/L)." I do not agree that this is significantly high because IgG4 serum levels seem to have diagnostic value when the level is higher than four times the upper level of normal, which is the case in only a minority of patients. I agree that this elevation is important but suggest to re-write it in milder form without word "significant". Comment 11: What was the result of final histopathology after the surgical resection? This is the crucial information. Comment 12:

What exactly was removed with surgery? Did you remove part of urinary bladder? Surgery should be described in more details. Was there IgG4 in urinary bladder too? Retroperitoneal mass? Comment 13: Are authors sure that this is the first reported patient of IgG4 in intestine? I found more articles on this topic: Ciccone F, Ciccone A, Di Ruscio M, et al. IgG4-related disease mimicking Crohn's disease: A case report and review of literature. *Dig Dis Sci* 2018; 63: 1072-1086. Bilal M, Gulati A and Clarke K. Immunoglobulin G4 (IgG4)-associated pouchitis - Part of IgG4 related disease? A case series and review of the literature. *Dig Liver Dis* 2016; 48: 817-819. Obiorah I, Hussain A, Palese C, et al. IgG4-related disease involving the esophagus: A clinicopathological study. *Dis Esophagus* 2017; 30: 1-7. Notohara K, et al. Gastrointestinal manifestation of immunoglobulin G4-related disease: clarification through a multicenter survey. *J Gastroenterol* 2018; 53:845-853. Topal F, et al. The prevalence of IgG4-positive plasma cell infiltrates in inflammatory bowel disease patients without autoimmune pancreatitis. *Turk J Gastroenterol* 2014; 25: 558-562. Notohara K, Kamisawa T, Uchida K, et al. Clinicopathological features of Type 2 autoimmune pancreatitis in Japan: Results of a multicenter survey. *Pancreas* 2015; 44: 1072-1077. Choi S.B, Lim CH, Cha MG, et al. IgG4-related disease of the rectum. *Ann Surg Treat Res* 2016; 90:292-295. Fujita K, Naganuma M, Saito E, et al. Histologically confirmed IgG4-related small intestinal lesions diagnosed via double balloon enteroscopy. *Dig Dis Sci* 2012; 57: 3303-3306. Harada A, Torisu T, Sakuma T, et al. A case of duodenal bulb involvement of immunoglobulin G4 related disease complicated by ulcerative colitis. *Dig Liver Dis* 2018; 50: 515. Watanabe A, Goto T, Kamo H, et al. Resection of lesions in the ileum of patients with IgG4-related disease may ameliorate disease progression without steroid administration. *Surg Case Rep* 2018; 4: 148. Abe A, Manabe T, Takizawa N, et al. IgG4-related sclerosing mesenteritis causing bowel obstruction: A case report. *Surg Case Rep* 2016; 2: 120. Comtesse S, Friemel J, Fankhauser R, et al. Enterocolic lymphocytic

phlebitis of the cecal pole and appendix vermiformis with increase of IgG4-positive plasma cells. *Virchows Arch* 2014; 464: 113–116. Kim HS, Kang WK and Chung DJ. Appendiceal immunoglobulin G4-related disease mimicking appendiceal tumor or appendicitis: A case report. *Korean J Radiol* 2016; 17: 56–58. Hiyoshi Y, Oki E, Zaitzu Y, et al. IgG4-related disease of the ileocecal region mimicking malignancy: A case report. *Int J Surg Case Rep* 2014; 5: 669–672.



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**Reviewer's code:** 05260751

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** China

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**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-08-01 10:54

**Reviewer performed review:** 2022-08-09 12:09

**Review time:** 8 Days and 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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#### **SPECIFIC COMMENTS TO AUTHORS**

You have submitted an interesting manuscript. However, you mentioned in the comments that "this is the first reported patient with colonic involvement with IgG4-RD.", but there seems to have been a few reports in the past (PMID; 21240062, 19047846), please confirm. I have three questions about this manuscript. First, he had a history of allergic rhinitis, did he have sinusitis? Also, did PET-CT show increased radioactive uptake in the pancreas? Finally, how many points can this case score on the IgG4-RD classification criteria?

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Sweden

**Author's Country/Territory:** China

**Manuscript submission date:** 2022-07-10

**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2022-09-05 08:33

**Reviewer performed review:** 2022-09-05 08:44

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [ ] Yes [Y] No

#### **SPECIFIC COMMENTS TO AUTHORS**

The authors made changes accordingly. I recommend to accept.