



PEER-REVIEW REPORT

Name of journal: *World Journal of Radiology*

Manuscript NO: 92180

Title: Multisystemic recurrent Langerhans cell histiocytosis misdiagnosed with chronic inflammation at the first diagnosis: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 05226024

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer’s Country/Territory: China

Author’s Country/Territory: China

Manuscript submission date: 2024-01-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2024-02-29 00:36

Reviewer performed review: 2024-02-29 00:50

Review time: 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 Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This case highlights an important and under-recognized presentation of LCH involving the pituitary gland and initially manifesting with central diabetes insipidus. Although rare, awareness of this manifestation is critical for prompt diagnosis and management. The case also illustrates the potential for misdiagnosis on pathology, and the utility of integrating clinical and radiologic findings. This report should help inform clinicians evaluating pituitary lesions or diabetes insipidus to consider LCH in the differential. Here are my detailed review comments on this case report manuscript: Consider moving Figure 3 (pathology) closer to the initial discussion of pathology results Combine the separated paragraphs describing the additional bone lesions into a unified paragraph Create a comprehensive table that outlines the timeline of the patient's diagnostic tests, symptoms onset, treatments administered, and follow-up outcomes. This table should include dates (or the patient's age at the time of each event for privacy), a brief description of each diagnostic test or treatment, and the results or outcomes. Abstract, Line 3: Change "entail" to "have" Case Report, Line 2: Change "For" to "Presenting with" Discussion, Line 9: Change "absence of a high signal" to "absence of high signal"



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