

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Infectious Diseases

ESPS manuscript NO: 26600

Title: Disseminated cryptosporidiosis: Case report and literature review

Reviewer's code: 00138749

Reviewer's country: Spain

Science editor: Xue-Mei Gong

Date sent for review: 2016-04-19 12:12

Date reviewed: 2016-04-21 17:36

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Interesting report. But several weaknesses should be address: Major concern: The underlying diagnosis of CD8 deficiency should be clarified: There are only two reports of CD8a deficiency -includes ABSENT CD8 cells- (one group in Paris and one in Madrid). I have the opportunity to follow one of these patients and we should keep in mind that CD8a is somewhat redundant for adaptative immunity. None of the patients with CD8a deficiency suffered from crypto infections. The authors should support their diagnosis with proper flow cytometry data, including CD+, CD19 and CD3-/56+ or 16+ staining. Are IgG levels available? It could be great if they ruled out CD40L as these patients are specially prone to crypto infection (and a major cause of death - manuscript submitted-) and neutropenia is found in 25% of CD40L deficient patients. Decreased CD8+ lymph count may be encountered in atypical severe combined immunodeficiency or combined immunodeficiency. Thus, a normal CD3+CD4+CD45RA+ (or specifically CD31+ also called recent thymic emigrant) is the only way to discard a T-cell deficiency. In case of normal immunoglobulin levels CD40L may be reasonably discarded. Could necropsy be performed? Minor concerns: 1. The patient initially received Co-trimoxazole (4 ml OD) and then was increased. I encourage the authors to specify the



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doses in mg/m² 2. Typo mistakes: Fluconazole, infiltrates, PCP (better PJ), "Child showed no signs of improvement died", 3. It could be more illustrative if a chest x-ray is included showing the lung infection.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Infectious Diseases

ESPS manuscript NO: 26600

Title: Disseminated cryptosporidiosis: Case report and literature review

Reviewer's code: 00503062

Reviewer's country: Japan

Science editor: Xue-Mei Gong

Date sent for review: 2016-04-19 12:12

Date reviewed: 2016-04-22 09:01

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The manuscript by Khalil et al. reported a case of respiratory and intestinal cryptosporidiosis in a child with CD8+ T-cell population deficiency. The manuscript is well described and contains important information. I just comment some minor points.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Infectious Diseases

ESPS manuscript NO: 26600

Title: Disseminated cryptosporidiosis: Case report and literature review

Reviewer's code: 00506472

Reviewer's country: Greece

Science editor: Xue-Mei Gong

Date sent for review: 2016-04-19 12:12

Date reviewed: 2016-04-22 21:58

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

It is a well written case report describing a 15 months old child with CD8+ immunodeficiency, suffering from disseminated Cryptosporidiosis leading to death. Review of Cryptosporidiosis infections in immunocompetent and immunocompromized children, with emphasis on respiratory involvement, was conducted. Few comments: 1. Abstract: Please add the age of the patient. 2. Introduction: Please add the incidence and geographical variation of Cryptosporidium infection in children. 3. Case report: How disseminated CMV infection has been diagnosed (PCR or viral culture of CMV from urine, saliva, throat swab specimens or other body tissues?). Has CMV infection been eradicated? If yes when a last positive CMV sample was detected in the patient? 4. Case report: Has complete immunology failure investigation been done in the patient? CD8+ deficiency is the only abnormal index from immunology panel? 5. Discussion: Please add treatment options for Cryptosporidiosis infections.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Infectious Diseases

ESPS manuscript NO: 26600

Title: Disseminated cryptosporidiosis: Case report and literature review

Reviewer's code: 00506492

Reviewer's country: Iran

Science editor: Xue-Mei Gong

Date sent for review: 2016-04-19 12:12

Date reviewed: 2016-04-19 16:40

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
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		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The present report described a case report of a disseminated Cryptosporidiosis caused by *Cryptosporidium hominis* subtype IaA23R2. PCR was done for the identification of the parasite and a treatment protocol was performed. The following modifications are needed in my opinion: 1) There is no need for the obvious facts such as figure 1 and amplification genes of the figures 2 and 4. Therefore, they can be deleted. 2) An important part of the discussion must have been the patient's response to the treatment protocol. Not much is discussed. I believe more is needed for such a discussion. 3) At end the paper can be presented as a short communication.