Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 92667

Title: Dynamically changing antineutrophil cytoplasmic antibodies in granulomatous with polyangiitis: a case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 05468960

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Doctor

Reviewer’s Country/Territory: Poland

Author’s Country/Territory: China

Manuscript submission date: 2024-02-04

Reviewer chosen by: AI Technique

Reviewer accepted review: 2024-02-11 10:27

Reviewer performed review: 2024-02-11 22:42

Review time: 12 Hours

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<tr>
<th>Scientific quality</th>
<th>[Y] Grade A: Excellent</th>
<th>[ ] Grade B: Very good</th>
<th>[ ] Grade C: Good</th>
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<td>[ ] Grade D: Fair</td>
<td>[ ] Grade E: Do not publish</td>
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<th>Novelty of this manuscript</th>
<th>[Y] Grade A: Excellent</th>
<th>[ ] Grade B: Good</th>
<th>[ ] Grade C: Fair</th>
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<td>[ ] Grade D: No novelty</td>
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<th>Creativity or innovation of this manuscript</th>
<th>[Y] Grade A: Excellent</th>
<th>[ ] Grade B: Good</th>
<th>[ ] Grade C: Fair</th>
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<td>[ ] Grade D: No creativity or innovation</td>
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### Scientific significance of the conclusion in this manuscript

- **Grade A:** Excellent
- **Grade B:** Good
- **Grade C:** Fair
- **Grade D:** No scientific significance

### Language quality

- **Grade A:** Priority publishing
- **Grade B:** Minor language polishing
- **Grade C:** A great deal of language polishing
- **Grade D:** Rejection

### Conclusion

- **Accept (High priority)**
- **Accept (General priority)**
- **Minor revision**
- **Major revision**
- **Rejection**

### Re-review

- **Yes** [Y]
- **No**

### Peer-reviewer statements

- **Peer-Review:**
  - **Anonymous** [Y]
  - **Onymous**

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

### SPECIFIC COMMENTS TO AUTHORS

A very interesting description of a patient with GPA, demonstrating how crucial it is to repeat immunological tests in this case, such as ANCA and anti-PR3 antibodies, to avoid misdiagnosis and further consequences, such as the omission of immunosuppressive treatment. A practical description for clinicians.