**Name of journal:** World Journal of Clinical Cases  
**Manuscript NO:** 73378  
**Title:** Anti-nuclear matrix protein 2 (NXP2)+ juvenile dermatomyositis with severe skin ulcer and infection: A case report and literature review  
**Provenance and peer review:** Invited Conference Manuscripts; Externally peer reviewed  
**Peer-review model:** Single blind  
**Reviewer’s code:** 00863327  
**Position:** Peer Reviewer  
**Academic degree:** MD, PhD  
**Professional title:** Full Professor  
**Reviewer’s Country/Territory:** Taiwan  
**Author’s Country/Territory:** China  
**Manuscript submission date:** 2021-12-07  
**Reviewer chosen by:** AI Technique  
**Reviewer accepted review:** 2021-12-07 10:33  
**Reviewer performed review:** 2021-12-07 13:21  
**Review time:** 2 Hours

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<th>Scientific quality</th>
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SPECIFIC COMMENTS TO AUTHORS

In this interesting case report, the authors described a 2-year-old female juvenile dermatomyositis (JDM) patient with positive myositis-specific anti-nuclear matrix protein 2 antibody. Despite the treatments with glucocorticoids and various immunosuppressants, she had progressively worsening JDM-related skin ulcers. Finally, she succumbed to disease progression and infection complication one year after the diagnosis. The manuscript is well written in English, and the findings are relevant to the clinical application. There are only minor issues needed to be clarified as follows. 1. Since characteristic skin lesions are included in the diagnostic criteria of dermatomyositis, the authors should show the photographs of heliotrope rash and/or Gottron papules from this JDM patient. 2. The authors should delete the description of irrelevant laboratory examinations in this JDM patient like ferritin levels and lymphocyte subclasses.
PEER-REVIEW REPORT

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Peer-review model: Single blind

Reviewer’s code: 03307766

Position: Editorial Board

Academic degree: MD, MSc, PhD

Professional title: Associate Professor, Director, Doctor

Reviewer’s Country/Territory: Kazakhstan

Author’s Country/Territory: China

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Review time: 20 Hours

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| Re-review | [Y] Yes | [ ] No |
SPECIFIC COMMENTS TO AUTHORS

INTRODUCTION - among severe clinical expressions of JDM, the authors should also include MAS, which can happen in this clinical context too (as recently reviewed in: Macrophage activation syndrome in juvenile dermatomyositis: a systematic review. Rheumatol Int. 2020 May;40(5):695-702. doi: 10.1007/s00296-019-04442-1). - the authors should mention the current diagnostic criteria for JDM. CASE PRESENTATION - I would suggest reorganizing this section with a more narrative, but clear, style, rather than creating subtitles with very short sentences. - history of present and past illness should be more detailed. What about systemic symptoms? Anyway, the authors should specify that some key clinical manifestations were not present. Similarly, they should do in the family history for autoimmune or other diseases, and they should report about other relatives, not only parents. - physical examinations should be complete with both positive and negative findings, some of which can be relevant. - A table with all laboratory analyses, including all immunological and autoimmunity parameters are needed. - Imaging should be provided with some figures. - to support the final diagnosis, the authors should clearly list and comment all the diagnostic criteria that this clinical case fulfilled. - did the authors do skin and muscle biopsy? If yes, please, describe it and add related figures about histopathology. If not, why? - overall, this section has to be improved, completed, and reorganized as explained above.

DISCUSSION - again, as already mentioned, a clear justification of the diagnosis with the available diagnosis criteria for JDM should be given (see Rheum Dis Clin North Am . 2021 Nov;47(4):669-690. doi: 10.1016/j.rdc.2021.07.003) - the discussion should be also organized, rather than being divided in subsections. At the beginning of the discussion,
the authors should clearly state the main educational points or novelty emerging from this clinical case (namely, why this case deserves to be published) and, then, they should address and discuss each of this point one by one in light of the available medical literature. - according to the title “…and literature review”, I expected to see a clear case-based review with corresponding tables including the appropriate articles. The authors should revise the title or make a precise and objective case-based literature review of a specific aspect (e.g. (severe) skin ulcers in JDM?) CONCLUSION - I do not see a clear take home message. After revising the discussion, please, provide better conclusions. REFERENCES - to be updated and completed, according to the previous comments. FIGURES - add tables with complete laboratory assessment - add figures with imaging and histopathology, if available. - considering the follow-up of this patient, an additional figure showing longitudinally the main laboratory aspect could be interesting.
RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Reviewer’s code: 03307766

Position: Editorial Board

Academic degree: MD, MSc, PhD

Professional title: Associate Professor, Director, Doctor

Reviewer’s Country/Territory: Kazakhstan

Author’s Country/Territory: China

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Reviewer chosen by: Ze-Mao Gong

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Reviewer performed review: 2022-02-11 06:28

Review time: 16 Hours

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| statements | Conflicts-of-Interest: | Y | Yes | Y | No |

**SPECIFIC COMMENTS TO AUTHORS**

No further major comments.