Name of journal: World Journal of Clinical Cases

Manuscript NO: 85673

Title: Anti-MD and anti-Ro52 antibody-dual positive clinically amyopathic dermatomyositis accompanied by rapidly interstitial lung disease: A case series and literature review

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 05856677

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer’s Country/Territory: France

Author’s Country/Territory: China

Manuscript submission date: 2023-05-09

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-06-01 06:12

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Review time: 1 Hour

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<th>Scientific quality</th>
<th>Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish</th>
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<tr>
<td>Novelty of this manuscript</td>
<td>Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty</td>
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**SPECIFIC COMMENTS TO AUTHORS**

In this manuscript, Ye et al reported the clinical evolution of three patients with anti-MDA5 positive DM. The authors have made an interesting review of the literature of patients with double positivity for anti-MDA5 Abs and anti-Ro-52 Abs. The optimal management of these patients is still not codified, but the authors highlight an important message: Patients with anti-MDA5 Abs+ DM should be diagnosed at an early stage and should be treated aggressively. Another important message is that authors recommend multidisciplinary treatment suggestions for patients with anti-MDA5-associated RP-ILD patient. Here are some concerns: - Indicate that anti-Ro52 are also named anti-TRIM21 - Table 1 : indicate normal values for each biological parameter - For ANA screening, indicate the pattern of fluorescence observed when positive. This is important because it has been shown recently that a specific MDA5 pattern was associated with a higher risk to develop interstitial lung disease (Coutant F et al: Monoclonal antibodies from B cells...
of patients with anti-MDA5 antibody-positive dermatomyositis directly stimulate interferon gamma production. J Autoimmun. 2022; PMID: 35436746). This point should be discussed in this manuscript (for instance in the section Discussion: “In clinical, multiple inflammatory indicators such as ferritin IL-18, IL-6, albumin, anti-MDA5 antibody titer, KL-6 and anti-Ro52 antibody, were associated with patient prognosis”). If the MDA5 specific pattern has not been observed with the sera of the 3 patients, then you should discussed why: different ANA technique, etc - In the Discussion section: “However, several particular cutaneous manifestations, such as cutaneous ulceration, painful palmar papules and panniculitis, were thought to be secondary to the development of interstitial lung, especially in the early stage of the disease.” The authors should detail this aspect which is interesting and which is not or little known. - In the Discussion section: “Moreover, a recent study showed that the incidence of anti-MDA5 antibody positive was 48.2% in COVID-19 patients[17]. I think that these results should be taken with caution. Indeed, although the titers of anti-MDA5 Abs are statistically higher in the non-survivals infected SARS-CoV-2 patients versus the survivals, the orders of magnitude are very low (5.95 ± 5.16 U/mL vs 8.22 ± 6.64 U/mL, P = 0.030). For this aspect, please read the following review: Nombel et al, Dermatomyositis With Anti-MDA5 Antibodies: Bioclinical Features, Pathogenesis and Emerging Therapies. Front Immunol, 2021. PMID: 34745149 Typos: - Table 1: change “Procalcitnin” - Section Discussion “panniculitis” - In the following sentence: “It is vital for clinicians to the recognize those unique cutaneous rashes”, delete “the”
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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed
Peer-review model: Single blind
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Position: Editorial Board
Academic degree: PhD
Professional title: Adjunct Professor, Full Professor
Reviewer’s Country/Territory: Saudi Arabia
Author’s Country/Territory: China
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<td>[ ] Grade D: No novelty</td>
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SPECIFIC COMMENTS TO AUTHORS

Dear Author(s), The article is mainly well-written, however there are a few minor points worth mentioning:

1. Please change the title of the article to reflect the current study's goal(s).
2. I couldn't find a line in the discussion section that explained the present study's strengths and flaws. What are the present study's future directions? I'm hoping to discover satisfactory answers to these three inquiries.
3. The study conclusion should be updated such that it shows if the research problem was handled or whether the current study attained its objectives.
4. Some of the research citations are out of date and should be updated. Please update out-of-date references with those that are less than five years old as of 2023.
5. I have a question: are the radiological images used in the present study the author(s)' own work, or were they come from somewhere else? Please respect the property rights of other parties if derived from other sources.

Good Luck,
RE-REVIEW REPORT OF REVISED MANUSCRIPT

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<td>Conclusion</td>
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SPECIFIC COMMENTS TO AUTHORS
The requested revisions have been correctly addressed.