# PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 75005

**Title:** Paroxysmal speech disorder as the initial symptom in a young adult with anti-N-methyl-D-aspartate receptor encephalitis: A case report

**Provenance and peer review:** Unsolicited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer’s code:** 05755592

**Position:** Editorial Board

**Academic degree:** FCPS, MBBS

**Professional title:** Assistant Professor

**Reviewer’s Country/Territory:** Pakistan

**Author’s Country/Territory:** China

**Manuscript submission date:** 2022-01-19

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-02-21 17:07

**Reviewer performed review:** 2022-03-01 16:58

**Review time:** 7 Days and 23 Hours

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SPECIFIC COMMENTS TO AUTHORS
The authors are requested to work and correct the highlighted and marked reviewer comments.
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Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 05236189

Position: Editorial Board

Academic degree: MD

Professional title: Academic Research, Adjunct Associate Professor, Research Associate

Reviewer’s Country/Territory: Brazil

Author’s Country/Territory: China

Manuscript submission date: 2022-01-19

Reviewer chosen by: Xin Liu

Reviewer accepted review: 2022-03-10 14:11

Reviewer performed review: 2022-03-10 14:31

Review time: 1 Hour

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SPECIFIC COMMENTS TO AUTHORS

1) Abstract: Describe “what was the paroxysmal speech disorder encountered?” 2) There are some misspellings throughout the manuscript. ‘associated with ovarian teratom’ 3) Could the authors provide a video of the individual speech abnormality? 4) History of past illness. Please include medications in use. 5) “tongue deviated to the right” oromandibular dystonia? Orofacial dyskinesia? Functional? 6) It would be interesting a table comparing the present case with that from Finke et al. 7) Why did the authors believe that the patient presented with only this clinical manifestation? 8) What are the mechanisms for explaining this presentation? How could NMDAr affect speech? 9) Could the authors provide a table with only the speech abnormalities already reported in the literature? This would greatly impact the quality of the manuscript.
PEER-REVIEW REPORT

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Title: Paroxysmal speech disorder as the initial symptom in a young adult with anti-N-methyl-D-aspartate receptor encephalitis: A case report

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 03257825

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Assistant Professor

Reviewer’s Country/Territory: United States

Author’s Country/Territory: China

Manuscript submission date: 2022-01-19

Reviewer chosen by: Xin Liu

Reviewer accepted review: 2022-03-10 21:15

Reviewer performed review: 2022-03-17 01:50

Review time: 6 Days and 4 Hours

Scientific quality

[ ] Grade A: Excellent  [ ] Grade B: Very good  [ Y] Grade C: Good
[ ] Grade D: Fair  [ ] Grade E: Do not publish

Language quality

[ ] Grade A: Priority publishing  [ Y] Grade B: Minor language polishing
[ ] Grade C: A great deal of language polishing  [ ] Grade D: Rejection

Conclusion

[ ] Accept (High priority)  [ ] Accept (General priority)
[ Y] Minor revision  [ ] Major revision  [ ] Rejection

Re-review

[ ] Yes  [ Y] No
SPECIFIC COMMENTS TO AUTHORS

The case report submitted by Chuanchen Hu et al. is interesting, and it is helpful for the diagnosis of anti-NMDAR encephalitis. However, a couple of minor issues need to be fixed. (1) On page 2, in CASE SUMMARY, the sentence of "Anti-NMDAR antibodies in serum and CSF were required for a conclusive diagnosis" is not a descriptive statement of this case report. It should be "Anti-NMDAR antibodies in serum and CSF were detected for a conclusive diagnosis". (2) On page 3, in Core tip, "The definitive diagnosis depended on the detection of anti-NMDAR antibodies in serum and CSF" is not a clear statement. A better statement is "The definitive diagnosis was made based on the detection of anti-NMDAR antibodies in serum and CSF". (3) NMDAR's normal function and the autoantibody induced damage of NMDAR should be discussed in the manuscript.
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Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 02567669

Position: Editorial Board

Academic degree: MD

Professional title: Emeritus Professor

Reviewer’s Country/Territory: Germany

Author’s Country/Territory: China

Manuscript submission date: 2022-01-19

Reviewer chosen by: Xin Liu

Reviewer accepted review: 2022-03-16 14:01

Reviewer performed review: 2022-03-25 10:06

Review time: 8 Days and 20 Hours

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| Re-review          | [ Y] Yes               | [ ] No                     |


SPECIFIC COMMENTS TO AUTHORS
There are numerous data about NMDAR encephalitis. The present report describes a young patient with a peculiar initial manifestation. Evidently, the correct diagnosis was made timely, so that the outcome until now seems to be favourable. I have only minor concerns. On page 6, the authors use several abbreviations that are unknown for many readers. For a reader who is not so familiar with this disease, it would be helpful to include some remarks about the physiological function of the NMDA receptor (maybe only a hypothesis) and some ideas about the link between the symptoms and the disturbed function of this receptor.(are there hypotheses?).
RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Reviewer’s code: 05755592
Position: Editorial Board
Academic degree: FCPS, MBBS
Professional title: Assistant Professor
Reviewer’s Country/Territory: Pakistan
Author’s Country/Territory: China
Manuscript submission date: 2022-01-19
Reviewer chosen by: Meng-Tian Li
Reviewer accepted review: 2022-04-26 18:56
Reviewer performed review: 2022-05-05 02:41
Review time: 8 Days and 7 Hours

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SPECIFIC COMMENTS TO AUTHORS
I have reviewed the manuscript and have marked the deficiencies. The authors are requested to make the corrections. The introduction and discussion section quietly improved while the case presentation section needs major improvement. I am attaching the reviewed file with this mail. Thank you