PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 78427

Title: Pseudoileus caused by primary visceral myopathy in a Han Chinese patient with a rare MYH11 mutation: A case report

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 05234825

Position: Peer Reviewer

Academic degree: MD

Professional title: Staff Physician

Reviewer’s Country/Territory: Taiwan

Author’s Country/Territory: China

Manuscript submission date: 2022-06-27

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-07-04 01:59

Reviewer performed review: 2022-07-04 06:48

Review time: 4 Hours

<table>
<thead>
<tr>
<th>Scientific quality</th>
<th>[ ] Grade A: Excellent</th>
<th>[ ] Grade B: Very good</th>
<th>[ ] Grade C: Good</th>
<th>[ ] Grade D: Fair</th>
<th>[ ] Grade E: Do not publish</th>
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</thead>
<tbody>
<tr>
<td>Language quality</td>
<td>[ ] Grade A: Priority publishing</td>
<td>[ ] Grade B: Minor language polishing</td>
<td>[ ] Grade C: A great deal of language polishing</td>
<td>[ ] Grade D: Rejection</td>
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<tr>
<td>Conclusion</td>
<td>[ ] Accept (High priority)</td>
<td>[ ] Accept (General priority)</td>
<td>[ ] Minor revision</td>
<td>[ ] Major revision</td>
<td>[ ] Rejection</td>
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<tr>
<td>Re-review</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
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SPECIFIC COMMENTS TO AUTHORS

The authors described a case of MYH11 frameshift related chronic intestinal pseudo-obstruction syndrome. The description is clear. Some revision will make it better. Major issue: 1. Please recheck the data. The frameshift is detected by Sanger sequencing in Figure 3. However, the true mutation site is not correctly indicated by the red arrow. Minor issue: 1. It will be better to give more description about the method of how you perform and analyze the WES data. Which pipeline is used for mapping, variant calling and interpretation.
**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Clinical Cases  
**Manuscript NO:** 78427  
**Title:** Pseudoileus caused by primary visceral myopathy in a Han Chinese patient with a rare MYH11 mutation: A case report  
**Provenance and peer review:** Unsolicited manuscript; Externally peer reviewed  
**Peer-review model:** Single blind  
**Reviewer’s code:** 04737092  
**Position:** Peer Reviewer  
**Academic degree:** PhD  
**Professional title:** Research Scientist  
**Reviewer’s Country/Territory:** India  
**Author’s Country/Territory:** China  
**Manuscript submission date:** 2022-06-27  
**Reviewer chosen by:** Dong-Mei Wang  
**Reviewer accepted review:** 2022-08-24 09:39  
**Reviewer performed review:** 2022-08-31 17:38  
**Review time:** 7 Days and 7 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 | [ ] Grade B: Minor language polishing  
|                    | [ Y] Grade C: A great deal of language polishing | [ ] Grade D: Rejection  
| Conclusion         | [ ] Accept (High priority) | [ ] Accept (General priority)  
|                    | [ ] Minor revision     | [ Y] Major revision | [ ] Rejection  
| Re-review          | [ Y] Yes | [ ] No |
SPECIFIC COMMENTS TO AUTHORS
This report by He et al. describes a case of chronic pseudoileus in a 43 year old male patient of Chinese origin. Whole exome sequencing (WES) revealed the presence of MYH11 mutation, a rare condition linked to primary visceral myopathy and chronic intestinal pseudo-obstruction (CIPO). The topic is highly relevant to the scope of the journal and may be of significant interest to the readers. However, there are several issues that need to be addressed before this article may be considered fit for publication:

1. Overall, the manuscript is poorly written and there are many grammatical and language errors. In particular, several sentences are too long and may be split into two or even three separate sentences. At the same time, few sentences appear to be incomplete as they end abruptly (e.g. The first sentence of the Background section). In fact, many parts of the manuscript need to be completely re-written/re-framed to make it easier for the readers to comprehend the scientific content. Help may be sought from a native English speaker or a language editing service.

2. Several changes need to be incorporated in the manuscript based on the “CARE” checklist. As of now, it is evident that the guidelines have not been followed. (For example, “case report” is not added to Keywords, there is no Table or Figure of timeline, no ‘take-away’ message, Limitations or Conclusion, etc.)

3. The last part of the ‘Abstract’ section can be improved and re-framed.

4. The last four lines of the ‘Background’ section may be removed and replaced by some general information about the MYH11 gene mutation and WES. Source of this information must also be provided in the references.

5. The results of physiological and biochemical tests of the patient may be summarized in the form of a Table rather than describing in the text. Some word appears to be missing in the
following line “24H urine 19.49 mmol/24h”. SI units should be used throughout. 6. Methodology of WES is entirely missing. If it was performed commercially, it should be clearly mentioned. What about the data analysis? Relevant details must be provided. 7. Figure legends and the corresponding descriptions need to be written clearly. PDB identifiers for the structures must be provided. 8. In Figure 2 depicting the 3D protein model, some changes can also be seen in other parts of the protein (beyond the red circle). Are they due to the difference in angle of viewing? If not, what is the explanation? 9. The information about the MYH11 mutation which has been provided in the “Case Report” section may be moved to the ‘Background’ section. 10. Some information mentioned in the ‘Discussion’ section may be moved to the ‘Background’ section. The rate of incidence may be reported as “one in ____” rather than in decimals. 11. It will be worthwhile to describe previous studies where MYH11 mutation has been reported in CIPO cases. Are the results similar? If there are any differences, they should be compared and discussed along with the message for other gastroenterologists and physicians should they encounter a similar case. 12. The case report ends abruptly. A brief conclusion may be added at the end.