PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases
Manuscript NO: 89405
Title: Low IL-10 level indicates good prognosis in Salmonella enterica serovar Typhimurium triggered pediatric secondary hemophagocytic lymphohistiocytosis: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind
Reviewers code: 07085618
Position: Peer Reviewer
Academic degree: MD

Professional title: Professor

Reviewers Country/Territory: Turkey
Author’s Country/Territory: China

Manuscript submission date: 2023-10-30
Reviewer chosen by: Yu-Lu Chen
Reviewer accepted review: 2023-12-20 06:23
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<tr>
<th>Scientific quality</th>
<th>[ ] Grade A: Excellent</th>
<th>[ ] Grade B: Very good</th>
<th>[Y] 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[ ] Grade E: Do not publish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>[ ] Grade A: Excellent</th>
<th>[Y] Grade B: Good</th>
<th>[ ] Grade C: Fair</th>
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<td>[ ] Grade D: No novelty</td>
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**SPECIFIC COMMENTS TO AUTHORS**

1. Definitions of HLH should be clearer. For example: 'Hemophagocytic lymphohistiocytosis (HLH) is a hyperinflammatory disease with high morbidity and mortality, caused by excessive activation and proliferation of T lymphocytes and macrophages'. The underlying etiologic and triggering factors of primary and secondary HLH should be stated separately. 2. Information on Salmonella enterica serovar Typhimurium (S.Typhimurium) should be given in a separate paragraph and its possible association with HLH should be mentioned. 3. The physiopathologic definition of cytokine storm syndrome will be more descriptive. 4. “In our previously study, we reported a specific cytokine pattern for HLH. When using the criteria of IFN-γ >75 pg/mL and IL-10 >60 pg/mL, the specificity of HLH reached 98.9% and the sensitivity was 93.0%, with a moderately increased level of IL-6 showing a median level as 51.1 pg/mL[20].” > This can be expressed in one sentence. 5. “In this study, we present a boy...
who presented with fever and pancytopenia and fulfilled HLH diagnosis criteria, whose blood culture showed positive result of S.Typhimurium infection. Anti-infection therapy and supportive treatment were enough to cure this patient from a potentially reversible disease.” > A patient who developed HLH due to S.Typhimurium infection is described, the patient with a definite diagnosis can be stated in this way. 6. Including the patient's presenting symptoms and signs in the chief complaints section would be more appropriate. Pancytopenia is a laboratory finding. 7. History of present illness > It would be more understandable to include CBC results in the laboratory findings. 8. It can be stated in a single sentence that there are no special features in the patient's background and family history and that there is no consanguinity. 9. Physical examination > The patient's temperature fluctuated between normal and high values. It can be defined as intermittent fever. It is also appropriate to give the patient's other vital signs (pulse (is there relative bradycardia?, saturation, etc.). 10. A table of the patient's laboratory findings will be more comprehensible. In addition, it is not necessary to give the agents that are negative in the nasopharyngeal swab test one by one. 11. In the final diagnosis, whichever entity is desired to be presented in terms of secondary HLH or cytokine storm syndrome or MAS should be given (introduction should be organized accordingly). 12. In the final diagnosis, it is appropriate to specify the criteria by which the diagnosis is confirmed. 13. The dose and day of high-dose methylprednisolone treatment should be clearly stated. 14. The discussion is excessively long. It should be more inclusive and comprehensible. 15. The article needs to be edited in English.