PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases
Manuscript NO: 85261
Title: Efficacy of abatacept treatment in a patient with enteropathy carrying a variant of unsignificance in CTL gene
Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed
Peer-review model: Single blind
Reviewer’s code: 03478404
Position: Editor-in-Chief
Academic degree: MD, PhD
Professional title: Associate Professor
Reviewer’s Country/Territory: Romania
Author’s Country/Territory: Turkey
Manuscript submission date: 2023-05-06
Reviewer chosen by: Geng-Long Liu
Reviewer accepted review: 2023-05-30 14:27
Reviewer performed review: 2023-06-02 14:08
Review time: 2 Days and 23 Hours

<table>
<thead>
<tr>
<th>Scientific quality</th>
<th>[ ] Grade A: Excellent</th>
<th>[ ] Grade B: Very good</th>
<th>[Y] Grade C: Good</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] Grade D: Fair</td>
<td>[ ] Grade E: Do not publish</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Novelty of this manuscript</th>
<th>[ ] Grade A: Excellent</th>
<th>[Y] Grade B: Good</th>
<th>[ ] Grade C: Fair</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] Grade D: No novelty</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Creativity or innovation of this manuscript</th>
<th>[ ] Grade A: Excellent</th>
<th>[Y] Grade B: Good</th>
<th>[ ] Grade C: Fair</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] Grade D: No creativity or innovation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SPECIFIC COMMENTS TO AUTHORS

This is generally, a well written manuscript, describing a rare case of CVID, successfully treated with Abatacept. The authors presented well their case and the required structure was respected. I consider it very useful for physicians and their patients, even just for positive diagnosis. I have listed some comments/questions for considerations below:

1. Title: Please revise - the patient had also gastritis and colitis. Therefore, the title should mention it, not just enteropathy (in fact, it was enteritis).
2. Abstract: CASE SUMMARY: Please mention whether it was IBD per se, since the patient was treated for IBD when abatacept was administered OR it was CVID-associated digestive inflammation, four years prior to this report.
3. Chief Complaint: The authors mentioned “Four years prior to this report” (line 116), but in the Abstract it is written “A 25-year-old female patient, who was visibly cachetic, visited our clinic over the course of five years” (lines 38-39). Please revise and clarify.
4. History of present illness: Could you please mention what immunosuppressive agents the patients received before? The Abstract mentions “various immunosuppressive treatments”, but here there is nothing.
5. Biochemical examinations: a. I suggest to insert the tests’ results and normal ranges in a table (all, not
just biochemical). b. Line 143 – I do not see any abnormal result in bold. Please revise. c. Please mention also mean corpuscular hemoglobin concentration and mean corpuscular volume - values, in order to be suggestive for the type of anemia. d. What was the ferritin level, please? I am aware that inflammatory markers are increased, but it would be helpful to have it. Hepcidin? e. “radiological images of the pituitary and adrenal glands” do not belong to “biochemical analyses”. 6. Immunological examinations: a. Lines 164-166: The authors wrote: “The serum levels of the IgG subgroups were below the normal limits: IgG1: 3.05 g/L (2-11), IgG2: 1.73 g/L (1-5,5), IgG3: 0.62 g/L (0,15-1,2) and IgG4: 0.17 g/L (0-1,25).”. However, they appear ALL NORMAL. Please correct. b. Line 178: Please note that in the presence of Ig A and Ig G deficiency, no matter what you use - anti-tissue transglutaminase, anti-endomysial, anti-gliadin – Ig A or Ig G or both, they can be negative. c. Did you test AAN? 7. Microbiological examinations: a. What antibiotic was given, please? b. “fecal calprotectin level was >1800 μg/g stool (<50).” – please revise, this test does not belong to microbiological exams. 8. Histopathological examinations: a. Please mention how many intraepithelial lymphocytes/epithelial cells. b. Line 210: “These histopathological features indicated immune-mediated enteropathy”. However, in the Abstract, it is mentioned “Histopathological findings supported the presence of inflammatory bowel disease.” Please decide. 9. Treatment: The authors wrote – lines 229-231: “Peroral and rectal immunosuppressive agents (i.e., methylprednisolone and mesalamine) were administered to treat the inflammatory bowel disease.” – First, mesalamine is not an immunosuppressive agent. Second – now, again it is inflammatory bowel disease. Please decide. 10. Discussion: The authors wrote – lines 258-259: “with a 25% increase in weight within six months”. However, clinical exam did not mention weight, height, and BMI, just the fact that the patient was cachectic. Please add. 11. Figures could be enlarged, so that details are seen better. 12. English language: please correct typos (e.g. line 36 -
PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 85261

Title: Efficacy of abatacept treatment in a patient with enteropathy carrying a variant of unsignificance in CTL gene

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 05185768

Position: Editorial Board

Academic degree: MD, MSc, PhD

Professional title: Associate Professor

Reviewer’s Country/Territory: Thailand

Author’s Country/Territory: Turkey

Manuscript submission date: 2023-05-06

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-06-08 13:27

Reviewer performed review: 2023-06-11 12:12

Review time: 2 Days and 22 Hours

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

Novelty of this manuscript
[ ] Grade A: Excellent  [ Y ] Grade B: Good  [ ] Grade C: Fair
[ ] Grade D: No novelty

Creativity or innovation of this manuscript
[ ] Grade A: Excellent  [ ] Grade B: Good  [ Y ] Grade C: Fair
[ ] Grade D: No creativity or innovation
SPECIFIC COMMENTS TO AUTHORS
Thank you very much indeed to the opportunity to review this case report. This case report is very interesting and well written. Normally IBD could be associated with other autoimmune disease and immune deficiency. In case that the treatment outcome is not satisfied, intensive work up including immune function and other autoimmune disease is needed. Other aspect that is interested is about the onset of symptom occur in adult period that is quite rare for CVID. The past history of recurrent infection especially in respiratory system, GI system should be added in detail. Moreover the growth chart since birth until right now to see the onset of failure to thrive is merit. Moreover, apart from abatacept, I think IVIG is also play major role for the clinical improvement in this patient.