OPEN PEER REVIEW

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What is "Open Peer Review" process?

An "Open Peer Review" process is making the details of all review process (including reviewers, associate editors, and EICs comments) as "Public" as it is agreed by EIC, Authors, and reviewers.

Advantages of "Open Peer Review" process

- More transparency, constructiveness and tactful comments of the peer review process: leads to an increase in the quality of reviews
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- Education of both authors and new students
- Prevents reviewers from following their individual agendas and leading to the detection of reviewers' conflicts of interests

You can find out more at:
https://sites.kowsarpub.com/kowsar/knowledgebase/category/tree.html#opr.html

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Peer Review Report for "Pemphigus Vegetans of Neumann Type on Lip: A Case Report"

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Review Timeline:

Submit Date: 24 Aug 2020
Revised Date: 2 May 2021
Accepted Date: 20 May 2021

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | Revision (0)

12 Feb 2021

Dear AE,
I read the manuscript, reporting an interesting case of Pemphigus Vegetans, with great interest. The authors should consider the following comments for the manuscript to comply with the CARE case report guideline.
1. The keywords (written based on the MeSH Terms) should address the diagnoses and interventions of the reported case. Therefore, adding more terms and completing the keywords is recommended (e.g., include the term "case report" among the keywords).
2. The abstract should contain a brief description of the patient, the main signs/symptoms, and the diagnostic measures.
3. Describe why this case is unique by adding 1-2 paragraphs to the introduction.
4. Please point out the therapeutic interventions or discuss the available options at the end of the case presentation. Also, discussing the outcomes and the follow-up plan is suggested.
5. The discussion section should include a paragraph discussing the strengths and limitations of the case approach.
6. It is recommended to replace some of the old references – especially the ones discussing the disease's epidemiology (like reference number 11) – with the more recent ones.

Thanks.

REFEREE: Associate Editor | **Revision** (0)

27 Feb 2021

Dear EIC,
The manuscript needs revision. The authors shouldrevise the manuscript based on reviewers' comments.
Thanks.

REFEREE: EIC | **Revision** (0)

3 Mar 2021

Dear Authors,
MINOR REVISION IS NEEDED.
Thanks.

OPEN PEER REVIEW

Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Reply to Reviewers's comments

1. The keywords (written based on the MeSH Terms) should address the diagnoses and interventions of the reported case. Therefore, adding more terms and completing the keywords is recommended (e.g., include the term "case report" among the keywords).

   Reply: We have edited the key words accordingly to include diagnoses and interventiosn with the following additions: "histopathology, intralesional steroid therapy, case report". We have also highlighted this in the revised manuscript.

2. The abstract should contain a brief description of the patient, the main signs/symptoms, and the diagnostic measures.

   Reply: The changes made to the abstract in accordance with the above comment has been highlighted in the revised manuscript and is as follows: "We report a case of pemphigus vegetans involving lips in a middle-aged female and sparing flexural areas. Our patient was diagnosed on the basis of histopathology and treated successfully with intralesional steroids resulting in resolution of her plaques."

3. Describe why this case is unique by adding 1-2 paragraphs to the introduction.

   Reply: Our case was unique because the most common sites of Pemphigus vegetans (flexural and intertriginous areas) were spared and lesions were present only over the lip, which is a rare manifestation. This has been reflected in the introduction as "The present case had vegetative plaques limited to lips and the common sites like flexural and intertriginous areas were spared making it a rare presentation."

4. Please point out the therapeutic interventions or discuss the available options at the end of the case presentation. Also, discussing the outcomes and the follow-up plan is suggested.

   Reply: We have described in brief the available options of either systemic immunosuppressive therapy or the use of intralesional steroid therapy. We have discussed why we chose intralesional therapy over Dexamethasone Cyclophosphamide pulse therapy; to avoid systemic adverse effects of the latter. It is reflected in our revised manuscript as follows: "Since, it was a localized plaque, decision for intralesional immunosuppressive therapy was taken by the authors in order to avoid any systemic side effects of immunosuppresants in the Covid-19 pandemic period.
   Patient was evaluated for intralesional steroid (ILS) therapy. Her laboratory parameters, chest X ray, USG (abdomen and pelvis) were normal. Patient was started in intralesional steroids (inj. Triamcinolone acetonide 10mg/ml every 3 weeks). Patient responded to therapy within 3 injections with complete resolution of lesions and was followed upto 6 months with no recurrence."

5. The discussion section should include a paragraph discussing the strengths and limitations of the case approach.

   Reply: In the discussion we have compared other case report to other case reports of rare manifestations of pemphigus vegetans. The strength of this case approach lies in its uniqueness in terms of clinical manifestation as well as the unconventional treatment modality. This has been added(and highlighted) towards the end of discussion as well as the conclusion: “The goal of treatment is to induce complete remission while minimizing treatment related adverse effects. While Dexamethasone Cyclophosphamide Pulse(DCP) therapy remains the mainstay treatment to reduce mortality and morbidity in Pemphigus vegetans, [13] intralesional steroids in case of isolated lip lesions may help to reduce the morbidity of disease as well as the side effects of DCP therapy.”
   In Conclusion: “ In case of Pemphigus vegetans limited to only one site, it may be advisable to use ILS as a conservative treatment modality to avoid systemic adverse effects of aggressive immunosuppressive therapy.”

6. It is recommended to replace some of the old references – especially the ones discussing the disease's epidemiology (like reference number 11) – with the more recent ones.

   Reply: We have deleted the old reference which was pointed out by the reviewers to be outdated (previously reference #11). For epidemiology we have cited references [1], [5], [6] and to show the rarity of our case we have cited other rare case reports such as the ones reported by Woo et al[11] and Dhamija et al [12]. Since we have also included our unconventional albiet successful treatment approach in this report we have cited the commonly practiced treatment modality of DCP therapy as reference #13, to once again show the uniqueness of this case
   “13. Abraham A, Roga G, Job AM. Pulse Therapy in Pemphigus: Ready Reckoner. Indian journal of dermatology. 2016 May 1;61(3).”

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Revision (1)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Associate Editor | **Revision** (1) 20 May 2021

Dear EIC

Based on the authors' answers to the reviewers' comments, the reviewer(s) have recommended publication.

Kind regards.