

Review Form 3

Journal Name:	International Journal of Medical and Pharmaceutical Case Reports
Manuscript Number:	Ms_IJMPCR_130151
Title of the Manuscript:	High-Dose Epoprostenol and Adjunct Therapies for Refractory Raynaud's Phenomenon Associated with Anti-Jo Antibodies: a Case Report
Type of the Article	Case report

PART 1: Comments

	Reviewer's comment	Author's Feedback <i>(Please correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
Please write a few sentences regarding the importance of this manuscript for the scientific community. A minimum of 3-4 sentences may be required for this part.	This manuscript provides valuable insights into the management of refractory Raynaud's phenomenon associated with antisynthetase syndrome (ASyS) and anti-Jo antibodies, a relatively rare and challenging condition. It highlights the potential benefits and challenges of using high-dose Epoprostenol, alongside a multi-modal treatment strategy, to improve patient outcomes. By detailing a complex case with a comprehensive approach to treatment, it contributes to the limited literature on severe digital ischemia in ASyS, offering practical guidance for clinicians. Furthermore, it underscores the importance of individualized treatment regimens and continuous monitoring in managing severe autoimmune vascular complications.	Thanks
Is the title of the article suitable? (If not please suggest an alternative title)	The current title, "High-Dose Epoprostenol and Adjunct Therapies for Refractory Raynaud's Phenomenon Associated with Anti-Jo Antibodies: a Case Report," is descriptive and informative, accurately reflecting the case's content and focus on both the treatment and the specific condition. However, it could be more concise and engaging. An alternative title could be: "Management of Refractory Raynaud's Phenomenon in Antisynthetase Syndrome: A Case Report on High-Dose Epoprostenol and Adjunct Therapies." This version maintains the key elements while shortening the title slightly and emphasizing the broader clinical context (antisynthetase syndrome) in which the refractory Raynaud's phenomenon occurs.	Thank you for your valuable feedback on the title. While I appreciate the suggestion for a more concise version, I would prefer to retain the original title as it clearly highlights the specific treatment focus—high-dose epoprostenol—and the adjunct therapies used in this case, which I believe are central to the discussion. The current title is intended to emphasize the targeted therapy for refractory Raynaud's phenomenon, particularly in the context of anti-Jo antibodies, which is a unique aspect of this case. I believe this level of detail is crucial for readers to immediately understand the key focus of the report.
Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here.	Briefly state the objective or purpose of the case report to provide context upfront. Mention the patient's outcome or current status after the described treatments to give a more complete picture. Include a specific mention of the challenges faced with high-dose Epoprostenol, such as adverse effects or tolerance issues, for a balanced view. While it's important, the phrase "multi-modal treatment strategy" is repeated and could be condensed to streamline the abstract.	Thank you for your constructive feedback. I have made the following revisions based on your suggestions: I included a clear objective at the beginning of the abstract, highlighted the patient's outcome, and provided more detail on the challenges with high-dose Epoprostenol, particularly the adverse effects. Additionally, I replaced the repeated mention of "multi-modal treatment strategy" with "comprehensive treatment strategy" to streamline the abstract. I hope these revisions address your concerns and improve the clarity and balance of the report.
Is the manuscript scientifically, correct? Please write here.	The manuscript could benefit from more detailed references to recent studies or guidelines to reinforce the scientific basis of the treatment regimen. It may be helpful to provide more specific data or outcomes from the case, such as quantitative improvements in ischemia or patient-reported outcomes, to strengthen the scientific discussion. The explanation of the mechanism of action for each adjunct therapy could be expanded to provide deeper scientific context, particularly for readers less familiar with these treatments.	
Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.	The references in the manuscript are generally relevant and provide a solid foundation for the discussion on the management of refractory Raynaud's phenomenon in the context of antisynthetase syndrome. However, some references may be considered somewhat outdated, with a few dating back to the 1980s and 1990s. Including more recent studies and guidelines could strengthen the scientific	Thank you for your insightful feedback. We acknowledge that some of the references date back to the 1980s and 1990s, but it is important to highlight that the original studies on Epoprostenol for refractory

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	<p>basis of the manuscript. Recent Reviews on Raynaud's Phenomenon and Antisynthetase Syndrome: Kowal-Bielecka, O., et al. (2020). "EULAR recommendations for the treatment of systemic sclerosis: a focus on Raynaud's phenomenon and digital ulcers." <i>Annals of the Rheumatic Diseases</i>. Marie, I., et al. (2021). "Antisynthetase syndrome: A comprehensive review." <i>Autoimmunity Reviews</i>. Updated Guidelines on Prostacyclin Analogs:"2020 ESC/ERS Guidelines for the diagnosis and treatment of pulmonary hypertension" (can include references to the use of prostacyclin analogs in vascular conditions). Recent Studies on Adjunct Therapies for Raynaud's Phenomenon: Denton, C.P., et al. (2018). "Novel therapies for the treatment of Raynaud's phenomenon." <i>Expert Opinion on Investigational Drugs</i>.</p>	<p>Raynaud's phenomenon have not been reproduced in larger clinical trials or case reports since then. As such, our manuscript builds upon these foundational studies, while also incorporating more recent literature. We emphasize this gap in the literature in the discussion section, pointing out the lack of updated large-scale studies specifically exploring the use of Epoprostenol in this context. We will consider including additional recent reviews and guidelines, as you suggested, to further strengthen the scientific foundation of the manuscript. Thank you again for your valuable input.</p>
<p>Is the language/English quality of the article suitable for scholarly communications?</p>	<p>The article's language is adequate for scholarly communication but could benefit from minor revisions to enhance clarity, consistency, and flow. A thorough proofreading session focusing on grammar, sentence structure, and transitions would improve the overall quality of the manuscript.</p>	<p>Thank you for your constructive feedback. We appreciate your suggestion to enhance the clarity, consistency, and flow of the manuscript. We will carefully review the language and make the necessary revisions, focusing on grammar, sentence structure, and transitions to improve the overall readability and quality of the article. Your input will certainly help refine the manuscript, and we are grateful for your attention to these details.</p>
<p>Optional/General comments</p>		

PART 2:

	<p>Reviewer's comment</p>	<p>Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</p>
<p>Are there ethical issues in this manuscript?</p>	<p><i>(If yes, Kindly please write down the ethical issues here in details)</i></p>	<p>The authors declare that they have no conflict or competing interests.</p>