Reviewer’s report

Title: Exophthalmos in a young woman with no Graves' disease - a case report of IgG4-related orbitopathy

Version: 0 Date: 26 Sep 2017

Reviewer: William Nunery

Reviewer's report:

The report of IgG-4 orbital disease is not new, but this paper provides an interesting reminder to consider it in atypical presentations of ophthalmic Graves' disease. The paper would benefit with a re-write with an English editor. The examples are too numerous to mention, but a sample suggestion for the first paragraph of the abstract might be something like, "Immunoglobulin G4-related disease (IgG4-rd) is characterized by lymphoplasmacytic infiltration and tissue fibrosis. Orbital manifestations of IgG-rd may include unilateral or bilateral proptosis, cicatricial extraocular muscle myopathy, orbital inflammation and pain which may mimic ophthalmic Graves' disease." This type of rewrite should continue throughout the paper.

The copy provided to me appeared to have previously been edited. While I agree with many of the suggestions of the editing, the additional information pertaining only to Graves' disease is excessive. Text lines 51-94 mostly pertain only to Graves' disease diagnosis and treatment, and detract from the point of the paper, which is to discuss IgG-4 disease. I would keep lines 51 through 58, "The annual incidence of Graves'... sensation behind the eyes." Lines 59-68 are not additive to IgG-4 discussion. The paragraph beginning on line 76 to line 83, "The diagnosis of Graves' orbitopathy... distinguish between underlying causes." is germane, but I question the inclusion of myasthenia gravis in the differential. I would rather include granulomatosis with polyangiitis on that list. Lines 84 to 94, dealing w/ Graves' disease treatment, are not germane and are debatable. This addition does not help the paper, in my opinion. The brief pathology discussion on lines 103-105 should include the presence of IgG-4+ plasma cells, as well as the description of storiform fibrosis and obliteratorive phlebitis which were added on lines 115. It might also be noted that storiform fibrosis and obliteratorive phlebitis are more typical in the systemic pathology, and not always present in the orbital disease.

The case presentation (lines 145-203), I believe, is misplaced in the manuscript. I would rather place this portion of the manuscript immediately following line 82, "... distinguish between underlying causes." After the case presentation, then return to the discussion of the systemic manifestations and descriptions of IgG-4rd.

In conclusion, I do not think this report is ready yet for an English speaking journal. I would be pleased to re review it after a thoughtful rewrite for conciseness and clarity. Thank you for the opportunity to help strengthen this paper.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
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Not relevant to this manuscript

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