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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 34469

Title: To operate or not to operate? A case of a huge mesenteric cyst managed conservatively

Reviewer's code: 00733975

Reviewer's country: Greece

Science editor: Jin-Xin Kong

Date sent for review: 2016-09-23

Date reviewed: 2016-09-29

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

improvement of the language may be necessary e.g. "red flag symptoms"



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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 34469

Title: To operate or not to operate? A case of a huge mesenteric cyst managed conservatively

Reviewer's code: 03031028

Reviewer's country: Poland

Science editor: Jin-Xin Kong

Date sent for review: 2016-09-23

Date reviewed: 2016-10-02

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors present a 44-year-old female patient with a rare intra-abdominal finding of a mesenteric cyst. Such cysts remain asymptomatic until they grow large. Then, they present either as a chronic, partial bowel obstruction in most cases, or as an acute abdominal disease. Infection of a cyst may be responsible for a septic course of the disease, and because possible perforation is unpredictable, most surgeons would perform an emergent operation. However, because the patient did not develop peritoneal signs, authors decided to introduce intensive intravenous treatment, and delay surgery. Fortunately, general condition of the patient had improved after initial treatment, and excision of the cyst could have been successfully performed on elective basis with the idea of reduced postoperative morbidity. I understand that if even discreet peritoneal signs had occurred, authors would have decided to operate on the patient for an emergent indication. Perhaps the following article could be interesting and informative to you: Hermann J. et al. Mesenteric cystic lymphangioma presenting as



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acute peritonitis. Gastroenterology Review. 2011; 6(1): 51-54. DOI: 10.5114/pg.2011.20107.
Ad. page 1; line 4 of the PDF version: finding instead of findings Ad. page 1; line 10: the
mesenteric cyst instead of mesenteric cyst Ad. page 2; line 4: She had no... instead of she
no... Ad. page 2; line 6: no instead of No Ad. page 2; line 10: from any instead of from
the any...



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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 34469

Title: To operate or not to operate? A case of a huge mesenteric cyst managed conservatively

Reviewer's code: 02889009

Reviewer's country: Italy

Science editor: Jin-Xin Kong

Date sent for review: 2016-09-23

Date reviewed: 2016-10-03

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

A huge mesenteric cyst occupying quite half of the abdominal space should not be a temptation for an urgent surgical procedure unless cyst infection, bowel obstruction, ischemia or peritonitis are present. I suggest a modification of the title. The "conservative" management of the cyst is misleading as a planned surgical intervention was performed nine months after the gastroenteritis. The configuration of the cyst including the presence of parietal calcifications should be described more detailed in the section "Presentation of Case" and not only in the discussion. Calcifications might even be a process of chronic inflammation.



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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 34469

Title: To operate or not to operate? A case of a huge mesenteric cyst managed conservatively

Reviewer's code: 02888300

Reviewer's country: China

Science editor: Jin-Xin Kong

Date sent for review: 2016-09-23

Date reviewed: 2016-10-03

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
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		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors should provide the histological images of mesenteric cyst.