

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 61664

**Title:** Pseudomyxoma peritonei originated from intestinal duplication: A case report and review of literature

**Reviewer's code:** 00009760

**Position:** Editorial Board

**Academic degree:** MD, FRCS (Ed)

**Professional title:** Professor

**Reviewer's Country/Territory:** Australia

**Author's Country/Territory:** China

**Manuscript submission date:** 2020-12-16

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-04-12 06:17

**Reviewer performed review:** 2021-04-12 06:19

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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## **SPECIFIC COMMENTS TO AUTHORS**

Interesting case report

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 61664

**Title:** Pseudomyxoma peritonei originated from intestinal duplication: A case report and review of literature

**Reviewer's code:** 05118195

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Staff Physician, Surgeon, Surgical Oncologist

**Reviewer's Country/Territory:** Spain

**Author's Country/Territory:** China

**Manuscript submission date:** 2020-12-16

**Reviewer chosen by:** Jin-Lei Wang

**Reviewer accepted review:** 2021-04-27 19:16

**Reviewer performed review:** 2021-05-03 16:10

**Review time:** 5 Days and 20 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## **SPECIFIC COMMENTS TO AUTHORS**

I have read with interest this case report entitled “A rare case report of pseudomyxoma peritonei originated from intestinal duplication”. I find it interesting because of the two-fold rarity : intestinal duplication in adult and malformation bearing a mucinous adenomatous neoplasm. As the authors stated, there is another publication about intestinal duplication and Pseudomyoma, and there is also a third one (the first one), by Letarte et al (Pseudomyxoma peritonei arising from intestinal duplication, American Surgeon, February 2011). Nevertheless, the manuscript have, in my opinion, some limitations: Firstly, the authors make the mistake of falling in a typical misconception: taking PMP as histological diagnosis when it is not. PMP is a clinical syndrome. This should be amended because their case do not seem a case of PMP, rather it seems a potential lesion for PMP but without peritoneal implants neither mucinous ascites. Also, they used the term ascites in reference to fluid into the cystic lesion (page 11 line 134, and page 23 line 271), when ascites refers to free liquid in the peritoneal cavity. In their case report there is no reference to the presence of mucinous ascites, neither diffuse peritoneal, mesenteric, or epiploic implants of mucinous lesions, which make the clinical presentation consistent with a large mucinous neoplasms of rare origin treated before peritoneal spread. This brings us to the sujet of the PCI. They stated “The peritoneal cancer index (PCI) was estimated in this patient for assessment of the extent of PMP. Two weeks after surgical intervention, the aggregative score of 13 abdom-inopelvic regions reached 10 in surgery and decreased to 0”. PCI is a score which is measured intraoperatively, sometimes assessed preop in imaging tools. What was the PCI of this patient? There was any peritoneal lesion apart from the index cystic lesion? It seems there was no carcinomatosis, so no PCI to calculate. Minor considerations: The authors stand for bilateral oophorectomy. In our practice, as in other CRS/HIPEC groups as



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Elias's one, is to offer a BSO in patients with colonic origin of carcinomatosis and menopausal. In mucinous low-grade appendiceal neoplasms origin, the performance of BSO is considered when there is macroscopic lesions, mostly in premenopausal women, to preserve hormonal state if possible. The author related PMP to MUC2 only. Actually, MUC 2, MUC 5AC, and MUC 5B have been found as the secreted mucins of relevance in PMP.

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Title:** Pseudomyxoma peritonei originated from intestinal duplication: A case report and review of literature

**Reviewer's code:** 05118195

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Staff Physician, Surgeon, Surgical Oncologist

**Reviewer's Country/Territory:** Spain

**Author's Country/Territory:** China

**Manuscript submission date:** 2020-12-16

**Reviewer chosen by:** Chen-Chen Gao

**Reviewer accepted review:** 2021-07-09 08:36

**Reviewer performed review:** 2021-07-09 08:51

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

I have reviewed the answers to the suggestions previously made about the manuscript, and in my opinion the authors have properly corrected all the issues.