



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

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Title: Giant androgen-producing adrenocortical carcinoma with atrial flutter: A case report and review of literature

Reviewer's code: 00174138

Position: Editor-in-Chief

Academic degree: FACC, FACP, FRACP, FRCP (Hon), MD, MRCP

Professional title: Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: Romania

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Reviewer chosen by: Ya-Juan Ma

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Scientific quality	<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 Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

The paper is interesting but the topic of adrenocortical carcinoma is far from unique as demonstrated by the countless references. If atrial flutter is the unique ingredient, the paper presents little discussion of this topic, no EKG for verification of the arrhythmia and the bulk of the cardiological references concern atrial fibrillation, a somewhat different disorder. To warrant publication, the paper needs to be rewritten addressing the following concerns: The abstract is far too long and includes information better suited to "discussion." It should be composed of one sentence describing the condition and a longer statement about its usual connection to arrhythmia. A final sentence would state "this study presents the case of a middle aged woman who developed a very large adrenocortical carcinoma complicated by atrial flutter and congestive heart failure." The introduction as written would make an excellent discussion and should be used in that section. There really needs to be no introduction--it could launch immediately into the case report. Particularly if the arrhythmia is the unique issue, the case report should give more information about the heart. A "decreased murmur at the left base" is not an acceptable cardiological description. An EKG should be included in the figures. A short explanation of the endocrine and liver failure issues could be considered together. Discussion on all of page 18 regarding arrhythmia is all about Atrial Fibrillation except lines 11 and 12 .There should be a reference for this assumption. Page 21, lines 5 and beyond belongs in a method section. Generally the paper is too long for a single case. There is a good deal of repetition that could be eliminated and there is duplication of data in tables. The tables are better. Finally there may be too many authors. Those who care clinically for the patient may be acknowledged but authors must make a significant contribution to the report .