



## PEER-REVIEW REPORT

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

**Manuscript NO:** 67010

**Title:** Primary mucosa-associated lymphoid tissue lymphoma in the midbrain: A case report

**Reviewer's code:** 02564101

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2021-04-12

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-04-12 05:54

**Reviewer performed review:** 2021-04-12 17:23

**Review time:** 11 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 Grade E: Do not publish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 checked="" type="checkbox"/> Minor revision <input 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



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## **SPECIFIC COMMENTS TO AUTHORS**

The authors describe a clinical case of an adult patient with cerebral MALT. The cerebral localization of a MALT lymphoma is absolutely very rare and peculiar. The authors report the described therapeutic strategy (radiotherapy) which allowed to obtain the complete response. Therefore, the use of radiotherapy could be extended to other patients with this disease in the absence of systemic treatments as needed in other more aggressive forms of lymphoma. The title reflects the main topic of the article The abstract summarizes the article correctly The methods and reasons for the diagnostic and therapeutic choices are understandably argued The results of the therapies practiced are detailed and reproducible. Statistical analysis is not evaluable in this manuscript. The manuscript interprets the results adequately and appropriately, and current literature reviews are adequate. Bibliographic references are adequate. Problems: 1) the main point of the work and of particular interest for the reader is represented by the stereotaxic robotic biopsy and this aspect should be more detailed. 2) The follow up of the patient is very short (6 months), considering the low biological and clinical aggressiveness of MALT lymphoma this should be clearly expressed in the results and in the discussion. 3) the authors should indicate in the diagnostic work up also the results of the lumbar puncture (glycorrachia, proteinorrachia and cellularity). Was the previous tuberculosis with its specific treatment localized in the lungs? This data should be added in the past history section.



## PEER-REVIEW REPORT

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

**Manuscript NO:** 67010

**Title:** Primary mucosa-associated lymphoid tissue lymphoma in the midbrain: A case report

**Reviewer's code:** 03552525

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2021-04-12

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-04-12 09:19

**Reviewer performed review:** 2021-04-14 09:46

**Review time:** 2 Days

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" 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 checked="" type="checkbox"/> Minor revision <input 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



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#### **SPECIFIC COMMENTS TO AUTHORS**

This is interesting case, but there were some points to revise before publishing. 1. I think details of span from the time of biggening symptom to biopsy and treatment. Could you tell me about it? 2. Could you show me residual tumor after 20Gy as figures? 3. GTV was small. Even though there was residual tumor after 20Gy, I think 24Gy was enough. Do authors also add 6Gy in that situation for MALT in another site? Or, do authors refer to previous study? 4. I would like to know the degree of improvement. Could you tell me by using scales, fo example, MMT, if possible? 5. Long term result is also important. Could you tell me current status of this patient?



## PEER-REVIEW REPORT

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

**Manuscript NO:** 67010

**Title:** Primary mucosa-associated lymphoid tissue lymphoma in the midbrain: A case report

**Reviewer's code:** 03201805

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2021-04-12

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-04-13 06:51

**Reviewer performed review:** 2021-04-18 02:33

**Review time:** 4 Days and 19 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 checked="" type="checkbox"/> Minor revision <input 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



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#### **SPECIFIC COMMENTS TO AUTHORS**

Zhao and colleagues reported a rare case that was diagnosed with PCNS MALT lymphoma occurring in the midbrain. AS we all known, approximately 90% of PCNSL cases are diffuse large B-cell lymphomas (DLBCLs). Primary central nervous system MALT lymphoma is rare. Most previous case reports and case series have reported primary CNS MALT lymphoma arising in the dura mimicking meningioma or subdural haematoma, and rare cases involving the brain parenchyma have been reported. Besides, Zhao and colleagues treated this patient with radiation therapy, which resulted in complete remission. Due to the small number of cases, there is no standard treatment for CNS MALT lymphoma, maybe radiation therapy can be a better choice. I have several comments : 1. Differential diagnosis of MALT: immunohistochemical detection showed CD20+, CD79a+ and CD38+/- results but negativity for CD3 and CD5, please show the other results such as CD10, Cyclin D, BRAFV600E and MYD88L256P. 2. The stomach is the most common primary site of MALT lymphoma, and the rapid urease test for Helicobacter pylori of this patient was positive, did the patient had a gastroscopy test? 3. As MALT is an indolent lymphoma, follow-up time should be prolonged. 4. Correct the typos and grammatical errors .