

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 69137

Title: Successful treatment of an enormous rectal mucosa-associated lymphoid tissue lymphoma by endoscopic full-thickness resection: a case report and literature review

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05084430

Position: Peer Reviewer

Academic degree: MD, MSc

Professional title: Doctor

Reviewer's Country/Territory: Portugal

Author's Country/Territory: China

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Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-07-17 13:28

Reviewer performed review: 2021-07-24 12:07

Review time: 6 Days and 22 Hours

Scientific quality	<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 Grade E: Do not publish
Language quality	<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
Conclusion	<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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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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

As the authors mention, the key message of this article is that "TLA sign tends to be a specific feature of colorectal MALToma and EFTR seems to be a feasible and economical choice for the treatment of enormous colorectal MALToma." Congratulations on this interesting paper, with a relevant take home message.

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Reviewer's code: 03646558

Position: Peer Reviewer

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Scientific quality	<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
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SPECIFIC COMMENTS TO AUTHORS

This case report has two important topics. First one is endoscopic feature (tree-like appearance, TLA) and Second is endoscopic full-thickness resection as a treatment option for rectal Maltoma. 1. TLA The authors suggested that 'the TLA sign may also be a specific feature of colorectal Maltoma'. However, the evidence is insufficient. Authors' reference was just a case report of gastric Maltoma. Because TLA was the most important endoscopic feature on this article, more solid references or detailed description may be required. Although 'Core Tip' said TLA sign, there is no comment on TLA sign in Abstract and no word of 'TLA' in 'Important diagnostic work-up' section.

2. endoscopic full-thickness resection (EFTR) Please comment whether antibiotics were used or not. Important and difficult step of EFTR is endoscopic suture of wall defect. Authors' suture method was the purse suture consisting of SureClips and endoloop. I also frequently use endoscopic suture consisting of Olympus hemoclips and endoloop in clinical situations and I watched the movie of this article. However, it's hard to understand how the purse suture procedure works. More detailed explanation and photos about the purse suture are needed.