

## PEER-REVIEW REPORT

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

**Manuscript NO:** 71791

**Title:** Laparoscopic radical resection for situs inversus totalis with colonic splenic flexure carcinoma: A case report

**Provenance and peer review:** Unsolicited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05142912

**Position:** Peer Reviewer

**Academic degree:** MBBS

**Professional title:** Doctor

**Reviewer's Country/Territory:** Saudi Arabia

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

**Manuscript submission date:** 2021-09-27

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-09-27 12:12

**Reviewer performed review:** 2021-09-27 12:18

**Review time:** 1 Hour

Scientific quality	<input checked="" type="checkbox"/> Grade A: Excellent <input 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 Grade E: Do not publish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 checked="" type="checkbox"/> Accept (High priority) <input 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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<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**

Well written, no grammatical or spelling mistake. Interesting case to be reported with a different surgical approach.

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**Reviewer's code:** 03072151

**Position:** Editorial Board

**Academic degree:** MD, MSc

**Professional title:** Associate Professor, Attending Doctor, Surgeon

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

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

**Manuscript submission date:** 2021-09-27

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-09-28 15:42

**Reviewer performed review:** 2021-09-29 09:09

**Review time:** 17 Hours

Scientific quality	<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
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## **SPECIFIC COMMENTS TO AUTHORS**

The main purpose of this case report is to present a rare situs inversus totalis (SIT) with colonic splenic flexure carcinoma successfully resected by the authors with a laparoscopic radical resection surgery. This paper presents the challenges and nuances of a successful management. However, the manuscript has some shortcomings that need to be revised again. This report could be strengthened further by clarifying certain questions and I have the following remarks for the authors. The title is complicated and redundant. I would suggest shortening the title. Please delete “colon cancer for” in your revised title to be brief and clear. The reported situs inversus totalis in this paper is not new. Please explain more on the rarity of the case. As stated by the authors, few reports have described laparoscopic surgery for colorectal cancer in patients with SIT. I would like to see a review of all reported cases that discuss on the same problem. An additional table with citing references would be appreciated to support that this is an unique rare case worth to be presented and published to raise the awareness of the clinician and undoubtedly add contribution to the scarce literature on this particular topic. A follow-up image after the complete course of treatment would be beneficial for better demonstrative purpose. Most of the citations in the reference list are outdated. I am happy to see that the informed written consent has been obtained as a separate file. However, the content of the signed informed consent provided should be regarding the will of the patient and/or family to agree to publish his information in a medical journal, but not the consent to agree for the surgery. Moreover, it should be mentioned in the manuscript.

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**Peer-review model:** Single blind

**Reviewer's code:** 06134838

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Professor

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

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

**Manuscript submission date:** 2021-09-27

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-10-03 18:17

**Reviewer performed review:** 2021-10-03 19:29

**Review time:** 1 Hour

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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Re-review	<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**

It is an interesting case report. I advice the following: - Text should be reviewed in detail: there are some grammatical, syntactic and typographical errors. - How the previous cases described in literature of colonic carcinoma in patients with SIT were treated? - Why patients with SIT may have a higher risk of cancer? - Why did the patient is examined two weeks before admission if he had no symptoms and why did he performs a CT scan? - Did the presence of SIT was hypothesed by the physical examination?