

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 72655

Title: Case Report of a Carcinoma Located in the Right-Sided Sigmoid Colon: A Rare Anomaly

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06125275

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: America

Author's Country/Territory: China

Manuscript submission date: 2021-10-23

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-23 15:16

Reviewer performed review: 2021-10-23 16:08

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 Grade E: Do not publish
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 type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input 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="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

Line 29 please precise that a left hemicolectomy have been performed by an open way after conversion to a laparotomy in a clae language. Line 35: Please precise clearly the type of complications that prior knowledge of this anatomical variety can prevent Line 90: Please give a complete TNM classification of the tumor and precise the UICC stade. Lines 139, 140 and 141: There is a big contradiction: The diagnosis of right sided sigmoïd tumor have been down after laparoscopic exploration never at the CT preoperative exploration. Please reformulate this paragraph. This big contradiction can make your good work rejected be careful! we would have liked to have had intraoperative photos of this rare anatomical condition. Why gadtroenterologists did not perform biopsies on the colonic striction located 28 cm from the anal margin

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Peer-review model: Single blind

Reviewer's code: 05476795

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Indonesia

Author's Country/Territory: China

Manuscript submission date: 2021-10-23

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-24 18:59

Reviewer performed review: 2021-10-27 00:23

Review time: 2 Days and 5 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 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
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Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

An interesting article on a carcinoma found on the right-sided sigmoid colon through preoperative CT. The authors suggested that it is imperative for physicians to be able to understand variations in the sigmoid colon to prevent misdiagnosis and inappropriate treatments. Content wise, the article presents adequate information for readers to understand its objectives and compare its findings with other differential diagnosis. Moreover, no major errors were found in terms of the article's structure and grammar. A few things that could be added to the manuscript: 1. What was the patient's race? Could this particular race be related to sigmoid variations found in this patient? 2. Please mention the limitations in your approach of this case

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Reviewer's code: 06139999

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Chief Physician, Surgeon

Reviewer's Country/Territory: China

Author's Country/Territory: China

Manuscript submission date: 2021-10-23

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-24 01:29

Reviewer performed review: 2021-10-29 11:07

Review time: 5 Days and 9 Hours

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

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SPECIFIC COMMENTS TO AUTHORS

The author reported a rare anomaly of the right-sided sigmoid colon with carcinoma. The author described the patient's clinical data and treatment process in detail. In fact, the sigmoid colon located in the right abdomen is not uncommon. Most of them are not due to abnormal development, but to the long sigmoid colon. When the lengthy sigmoid colon develops a tumor that penetrates the serous membrane and invades the right abdominal wall, the sigmoid colon is located in the right abdominal cavity. This is not a rare case clinically. The direction and location of sigmoid colon can be determined by continuous CT scanning. Therefore, this case report is of little significance for clinical guidance. In addition, there are not enough pictures in the article, and intraoperative exploration pictures are not provided, which can not give readers an intuitive understanding.