Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 76768

Title: Bronchogenic cysts with infection in the chest wall skin: A case report of a 64-year-old asymptomatic patient

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06220451
Position: Peer Reviewer
Academic degree: MSc
Professional title: Academic Research, Lecturer, Teacher
Reviewer's Country/Territory: Iraq
Author's Country/Territory: China

Manuscript submission date: 2022-03-30

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-03-30 13:23

Reviewer performed review: 2022-03-30 14:57

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

1- punctuation grammar, need to check 2- Line 90, why you didn't depend on the MRI for detecting the cyst? 3- Line 94-96 In the cytological puncture, many acute inflammatory cells were found, how CBC was normal? 4- try to make a table for the previous case report and compare with your result

Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 76768

Title: Bronchogenic cysts with infection in the chest wall skin: A case report of a 64-year-old asymptomatic patient

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05913135
Position: Peer Reviewer
Academic degree: Doctor, MA, MD

Professional title: Deputy Director, Surgeon, Surgical Oncologist

Reviewer's Country/Territory: Germany

Author's Country/Territory: China

Manuscript submission date: 2022-03-30

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-13 12:16

Reviewer performed review: 2022-04-13 14:27

Review time: 2 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The publication reports an interesting case of a bronchiogenic cyst in an unusual location becoming symptomatic by secondary infection complicating the diagnostic process. The Care Checklist was used to prepare the case report. The Abstract is concise and reflects a typical clinical course. Keywords could be more meaningfull „chest wall“, „skin“, and „biopsy“ are very general terms. More precise terms, for exampe „Neuroenteric cyst“ or „dermal cyst“, „chest wall infection“ or „benign chest wall lesion“ would be more precise. Introduction: Bronchiogenic cysts may occur in more areas and organs than reported here (for example spine, thyroid gland etc). They need not all to be mentioned but a hint like „and in others“ would be appropriate. What is meant by the „separation“? In Line 57/58 it is reported that the incidence in females is much higher than in males (which is widely accepted), but in the Discussion a publication by Shah is referenced, reporting a case series og 86 bronchiogenic cysts of which 74% were in male patients. What is or could be the explanation for this contradictory finding? This could be discussed in the Discusion part. It would be beneficial to mention the usual histopathological findings of bronchogenic cysts (Type A or B) and the natural clinical course to point out what was different in this case (i.e. 60 years of absence of symptoms, the cyst becoming only sympotmatic because of the infection). Case Presentation: Line 92-93: obvious abnormalities oft he skin were absent, but the text mentions dermal symptoms including secretion (for example Line182-183). This is contradictory. The ultrasound findings could be given in more detail. Thex are mentioned in the picture texts, but the size of the lesion (only 8-9 mm thick) might be the explanation of why it was not causing an symptoms before. In Picture A there seems to be a capsule, which is

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

not depicted in Picture B as clearly. What could be the explanation for that? Bronchiogenic cysts may have a gelatinous content showing giving more echo signals in sonography, especially when infected. In contrast the pictures show a homogenous content with fairly low echo intensitiy In Line 106 it says „pathological diagnosis was made based on the obtained specimen“ (probably cytological examination is meant), but in the abstract it is mentioned, the diagnosis was only possible after resection and complete histological workup. So there is a contradiction needing to be resolved. Were there diffenrences in the cytological and histopathological findings/diagnoses? There sems to have been a single cyst, the text mentions multiple cysts for example in Line 27 or 107, that should be corrected. Lines 107 to 109: Not the structure oft the inflammatory cells, but oft he column-like cells was typical for bronchial epithelium. This should be made clearer. Maybe more details oft he histopathologic findings would be helpful there. What was the composition of the inflammatory cells? Were they more indicative for chronic infection or of an acute infection? Discussion: The absence of clinical symptomoms may not only be due to the location but also to the limited size of the cyst. The absence of an preoperative diagnosis in this case is not unusual, as the patient presented with clinical symptoms of an abscedating chest wall infection, confirmed by putrid secretion. In the absence of a fistula a surgical resection would be the treatment of choice anyway and additional examinations and tests would only have postponed treatment further. This is mentioned by the authors correctly in line 180-182. What genetic or metabolic markers have the authors in mind (Line 173) to identify the cyst preoperatively? Lines 187-191 give a little more detail to the surgical approach with a primary debridement, open wound treatment and secondary wound closure. This should be part of the Case Presentation. The Discussion may reflect on this, when considering alternative ways of treatment. All in all this case report is worth publishing. It would profit from some minor work to solve contradictory passages and

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

to give more details about the histology and possible treatment alternatives.