

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 77620

Title: Chondroid syringoma of the lower back simulating lipomas:case report and literature review

Reviewer's code: 05536533

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Well written case report Needs language polishing

Response: Thank you for your comments and suggestions. I have polished the article. The specific revisions have been highlighted in red in the manuscript.

1. Line 32 : which is easily misdiagnosed as lipoma. Change to \longrightarrow which is a common misdiagnosis for this disease.

2. Line 40 : Histopathologic examination was consistent with the diagnosis of chondroid



syringoma. Change to Histopathologic examination was consistent with the diagnosis of chondroid syringoma.

3 Line 47 : Chondroid syringoma of the lower back is rare, and its clinical manifestations are similar to lipoma, which is easily misdiagnosed as lipoma. Change to
Chondroid syringoma of the lower back is rare, and its clinical manifestations are similar to lipoma, for which it is commonly misdiagnosed.

4、Line 53: It is easy to misdiagnose as lipoma clinically. Change to It is easy to clinically misdiagnose Chondroid syringoma as lipoma,

5. Line 57 : After surgical resection, no recurrence was found in follow-up patients.Change to After surgical resection, no recurrence was found in follow-up visits.

6, Line 62: The etiology of CS is unknown, and it usually occurs in the head and neck, it is uncommon located in the lower back. Change to \longrightarrow The etiology of CS is unknown, and it usually occurs in the head and neck, but is uncommon in the lower back.

7、Line 66 : and treatment methods to raise clinicians' awareness of the rare location of rare diseases. Change to \implies and treatment methods to raise clinicians' awareness to the rare location of this rare disease.

8、Line 71: A 39-year-old female presented to asymptomatic subcutaneous mass on the lower back for2 years. Change to \longrightarrow A 39-year-old female presented with an asymptomatic subcutaneous mass on the lower back which had been present for 2 years.



9. Line 76 : Two years ago, the female presented to asymptomatic subcutaneous mass on the lower back. Change to asymptomatic subcutaneous mass on the lower back.

- 10、 Line 81 : Therefore, we diagnosed chondroid syringoma finally. Change to
 Therefore, our final diagnosis was chondroid syringoma.
- 11、Line 91: On dermatological examination, there was a subcutaneous mass, ranging from 3-4cm in diameter, with a clear boundary on the lower back. Change to
- Upon dermatological examination, there was a subcutaneous mass, ranging from 3-4 cm in diameter, with a clear boundary on the lower back.
- 12、Line 103 : glandular structures, interstitition deposition, and chondroid structures in some areas .Change to including glandular structures, interstitial mucin deposition, and chondroid structures in some areas
- 13、Line 120 : and Virchow called it MTX a few years later because it was identical to mesenchymal neoplasm. Change to and Virchow called it MTX a few years later because it appeared identical to mesenchymal neoplasm.
- 15 Line 124 : Lesion is mostly located in the dermis, occasionally up to the



subcutaneous tissue. Change toLesions are mostly located in the dermis,with occasional occurrence up to the subcutaneous tissue.

16、Line128: risk of malignancy increases in CS greater than 3.0 cm in size. Change toRisk of malignancy increases in CS when lesions are greater than 3.0 cm in size.

17、Line 131: CS can differentiate either to eccrine or apocrine elements, and apocrine elements are dominant. Change to \longrightarrow CS can differentiate either to eccrine or apocrine elements, with apocrine elements showing dominance.

18、Line 131 : The tumor was comprised by epithelial and mesenchymal stromal derived elements .Change to \longrightarrow The resected tumor was comprised of epithelial and mesenchymal stromal derived elements.

19. Line 133: Histopathology showed that the tumor was located in the deep dermis or fat layer during differentiation into apocrine elements. Change to \implies Histopathology showed that the tumor was located in the deep dermis or fat layer and differentiated into apocrine elements.

20、Line 144: which should be vigilant for malignant transformation. Change to **matrix** which can be indicative of malignant transformation.

21、Line 145 : This patient should be identified with lipoma, epidermoid cyst, dermoid cyst, etc. Change to This patient would have typically been identified with lipoma, epidermoid cyst, dermoid cyst, etc.



22、Line 147 : The clinical manifestations of lipomas were similar to that of this patient, and they were subcutaneous active and tough mass. Change to \longrightarrow The clinical manifestations in this patient were similar to that of lipomas, with a subcutaneous active and tough mass.

23、Line 155: The patient was a young and middle-aged female with subcutaneous mass on the lower back for more than 2 years. Change to \implies The patient was an otherwise healthy middle-aged female with a subcutaneous mass on the lower back for more than 2 years.

24、Line158: mass measuring 4X5cm in size was felt on palpating on the lower back. Change to with a mass measuring 4x5 cm in size was palpating to the touch on the lower back.

25、Line 159: Literature has reported that female or a diameter of more than 3cm have a greater risk of malignant transformation. Change to \longrightarrow The literature has reported lesions with a diameter of more than 3 cm and occurring in females have a greater risk of malignant transformation.



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SPECIFIC COMMENTS TO AUTHORS

The manuscript is well-written despite of some langage mistakes that need to be corrected. The authors report an interesting case. The figures are appropriate.

Response: Thank you for your advice. I have carefully corrected the mistakes. The specific revisions have been highlighted in red in the manuscript.