

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 77734

Title: Recurrent atypical leiomyoma in bladder trigone, confused with uterine fibroids:
A case report and review of the literature

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05486528

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

Manuscript submission date: 2022-05-31

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-06-05 13:57

Reviewer performed review: 2022-06-07 02:30

Review time: 1 Day and 12 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" 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 Grade E: Do not publish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
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Peer-reviewer
statements**

Peer-Review: [☒] Anonymous [☐] Onymous

Conflicts-of-Interest: [☐] Yes [☒] No

SPECIFIC COMMENTS TO AUTHORS

Atypical leiomyoma in bladder trigone is very rare. This article gives us a lot of inspiration. 1 What were the pathological findings of the mass removed during the first operation? 2 What are the possible causes of recurrence after the first operation? How to avoid recurrence ? 3 What are the main points of differentiation between this disease and uterine myoma? 4 About MRI features of rare atypical leiomyoma in bladder trigone, Could you give the readers some advice?

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Peer-review model: Single blind

Reviewer's code: 05776245

Position: Peer Reviewer

Academic degree: BSc, MSc

Professional title: Academic Research, Research Scientist, Teaching Assistant

Reviewer's Country/Territory: Poland

Author's Country/Territory: South Korea

Manuscript submission date: 2022-05-31

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-07-22 09:57

Reviewer performed review: 2022-07-24 16:18

Review time: 2 Days and 6 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" 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

SPECIFIC COMMENTS TO AUTHORS

Dear Authors, an interesting case report on atypical leiomyoma in bladder trigone. The paper presentation is provided with attention to detail, thank you for that. I have only minor comments: (1) On page 3, I think you can delete all commas in this part "Submucosal, i.e., endovesical, leiomyomas are the most common". Plethora of commas are already in the rest part of this sentence. (2) You can add space on page 6 in part "to computed tomography(CT) or ultrasonography", before brackets. (3) Consider adding scale bar in Figure 2B and 3B. I am also unsure whether CARE checklist was filled in correctly. Only check marks (✓) are added with no report on which line the specific item can be found. Moreover, in the last question "Did the patient give informed consent? Please provide if requested" you marked no, while the Signed Consent for Treatment Form is provided in the system. Additionally, do you have any advice on how to avoid tumor recurrence and how to not mislead this atypical leiomyoma with e.g. fibroids in MRI scans?

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Reviewer's code: 04367479

Position: Editorial Board

Academic degree: MBBS, MD

Professional title: Assistant Professor, Surgeon

Reviewer's Country/Territory: India

Author's Country/Territory: South Korea

Manuscript submission date: 2022-05-31

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-07-26 13:40

Reviewer performed review: 2022-07-26 13:57

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 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

**Peer-reviewer
statements**Peer-Review: ☒ Anonymous ☐ OnymousConflicts-of-Interest: ☐ Yes ☒ No**SPECIFIC COMMENTS TO AUTHORS**

Nicely written manuscript. What was the follow up protocol for this patient? This would give the readers an idea about how fast the recurrent mass developed. Magnification of the histopathological slide in figure 2 and 3 are mentioned as 100x but both do not appear to be at same magnification.

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Peer-review model: Single blind

Reviewer's code: 05339586

Position: Editorial Board

Academic degree: MD

Professional title: Assistant Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: South Korea

Manuscript submission date: 2022-05-31

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-07-24 00:44

Reviewer performed review: 2022-08-02 15:35

Review time: 9 Days and 14 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Peer-reviewer
statements**

Peer-Review: [☒] Anonymous [☐] Onymous
Conflicts-of-Interest: [☐] Yes [☒] No

SPECIFIC COMMENTS TO AUTHORS

The authors presented a case of recurrent trigonal leiomyoma in a 29-year-old woman. The preoperative diagnosis was mainly based on the findings of MRI examination. Treatment was by surgical excision in the first time and recurrence of the tumor. The major concerns are the ignoring the roles of cystoscopy and transurethral resection biopsy in diagnosis (especially in the first time) and improper presentation of the information relative to the subheadings designed in Case presentation section. The criticism is detailed in the following points that need to be addressed and fulfilled: 1) Overall, there are a few writing and language mishaps need editing. For example, in the Treatment section, the word (resulting) in the sentence (Both ureteral orifices were deviated due to mass effect, resulting in double-J catheterizations.) is not correct. You should replace it by another one such as warranting, indicating, etc. Also, double-J is better written as (... bilateral Double-J stent placement). 2) Abstract: Case Summary: This section should present the most important findings of the case in a concise form. Provide a clinical complaint (if possible) or describe clearly an accidental discovery of the mass. The patient presented with a mass with which symptoms? In other words, what was the indication of ultrasonography by which the mass was discovered? 3) Case Presentation: -Chief complaints: Also, provide a complaint or tell whether the mass was accidentally discovered during gynecological examination. -Laboratory examinations: Beside the urine analysis, Provide the values of the basic tests (hemoglobin level, blood sugar, serum creatinine, etc.), even when they were normal. -Describe the MRI findings that supported the diagnosis of leiomyoma and to how much the confusion between leiomyoma of the bladder and uterine myoma (fibroids) was significant (especially, you

designed the title of this case based on this point mainly). - Why did not you do a diagnostic cystoscopy before surgery? Clarify the role, benefits, contraindications, or what was the reason for not doing it. 4) Final diagnosis: - How could you diagnose focal atypia in bladder leiomyoma before taking a biopsy and doing histopathological examination? You did not mention this in the previous part of case presentation. 5) Treatment: -Mention the surgical approach of laparotomy: Transvesical or combined transvesical and extravesical . -It is not clear why did not you perform a transurethral resectional biopsy. In the first time, the mass may be not amenable due to its uncertainty as a bladder mass. However, in the recurrence time, was it possible to be biopsied transurethrally before laparotomy? -You should include the treatment of the recurrence here under the heading of Treatment similar to the fist time. Also, the second time or recurrence was a definite part of the treatment of this case. 6) Outcome and follow up: - Transfer the part of the resection of the recurrence to the Treatment section, as described above. Here, mention only the final follow up (including follow up cystoscopy) and final outcomes. - Again, why did not you perform a transurethral resectional biopsy before exploration for this recurrent mass? MRI alone should not be an alternative to biopsy, when the latter was possible. 7) Discussion: - Discuss the difficulties encountered during surgery of this case. 8) Images: - An intraoperative surgical or cystoscopic view can be more representative if available. - The magnification of the pathological images is not sufficient. 9) The Checklist: - The patient did not give a consent. I think that this is a must to publish this work. Clarify.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Reviewer's code: 05776245

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Academic degree: BSc, MSc

Professional title: Academic Research, Research Scientist, Teaching Assistant

Reviewer's Country/Territory: Poland

Author's Country/Territory: South Korea

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Reviewer chosen by: Han Zhang

Reviewer accepted review: 2022-08-23 11:06

Reviewer performed review: 2022-08-23 11:17

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 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
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Dear Authors, thank you for considering my suggestions thoroughly. Your response letter is also very detailed, which is a great advantage. I recommend the manuscript to be accepted. Congratulations!

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Reviewer's Country/Territory: India

Author's Country/Territory: South Korea

Manuscript submission date: 2022-05-31

Reviewer chosen by: Han Zhang

Reviewer accepted review: 2022-08-25 07:57

Reviewer performed review: 2022-08-25 08:01

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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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The changes are acceptable.

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Position: Editorial Board

Academic degree: MD

Professional title: Assistant Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: South Korea

Manuscript submission date: 2022-05-31

Reviewer chosen by: Han Zhang

Reviewer accepted review: 2022-08-24 12:22

Reviewer performed review: 2022-08-28 13:50

Review time: 4 Days and 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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Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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<https://www.wjgnet.com>

statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors have responded to most of raised concerns. The manuscript has now been significantly improved.