

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 78225

Title: Malignant giant cell tumors of the tendon sheath of the right hip: A case report

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06250974

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor, Instructor, Lecturer, Staff Physician, Teacher

Reviewer's Country/Territory: Thailand

Author's Country/Territory: China

Manuscript submission date: 2022-06-14

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-06-15 01:48

Reviewer performed review: 2022-06-22 13:41

Review time: 7 Days and 11 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 Grade E: Do not publish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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

statements

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

SPECIFIC COMMENTS TO AUTHORS

Thank you for the opportunity to review this work. Detailed comments about this case report are as follows: -1 Title. Does the title reflect the main subject/hypothesis of the manuscript? Yes -2 Abstract. Does the abstract summarize and reflect the work described in the manuscript? Yes. -3 Key words. Do the key words reflect the focus of the manuscript? Maybe. However, a keyword could not be found in the Medical Subject Headings (MeSH) (available from <https://meshb.nlm.nih.gov>): “malignant giant cell tumor of the tendon sheath.” Changing to the appropriate term might be suitable. -4 Background. Does the manuscript adequately describe the background, present status and significance of the study? Yes -5 Methods. Does the manuscript describe methods in adequate detail? Not applicable. -6 Results. What are the contributions that the study has made for research progress in this field? Yes -7 Discussion. Does the manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly and logically? -Yes -8 Illustrations and tables. Are the figures, diagrams and tables sufficient, good quality and appropriately illustrative of the paper contents? -Yes -9 Biostatistics. Does the manuscript meet the requirements of biostatistics? Not applicable. -10 Units. Does the manuscript meet the requirements of use of SI units? Yes -11 References. Does the manuscript cite appropriately the latest, important and authoritative references in the introduction and discussion sections? -Yes -12 Quality of manuscript organization and presentation. -Yes -13 Research methods and reporting. Authors should have prepared their manuscripts according to manuscript type and the appropriate categories, as follows: (1) CARE Checklist (2013) - Case report; (2) CONSORT 2010 Statement - Clinical Trials study, Prospective study, Randomized Controlled trial, Randomized Clinical trial; (3) PRISMA 2009 Checklist - Evidence-Based



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Medicine, Systematic review, Meta-Analysis; (4) STROBE Statement - Case Control study, Observational study, Retrospective Cohort study; and (5) The ARRIVE Guidelines - Basic study. Did the author prepare the manuscript according to the appropriate research methods and reporting? -The CARE checklist mentions the "strengths and limitations in your approach to this case." Therefore, please state the strengths and limitations of the approach to this case in the manuscript in the discussion section. -14 Ethics statements. Did the manuscript meet the requirements of ethics? Yes

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Reviewer's code: 04668002

Position: Associate Editor

Academic degree: DDS, MSc, PhD

Professional title: Associate Professor, Doctor

Reviewer's Country/Territory: Sweden

Author's Country/Territory: China

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Review time: 1 Hour

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

SPECIFIC COMMENTS TO AUTHORS

01 There are some sentences in the text without reference to a previous study (or studies) in order to give evidence to their statements. Without references, these statements would be mere assumptions or allegations by the authors of the manuscript. Therefore, each of the following sentences need at least one reference to back up their statement: "The site of onset is mostly in the large joints of the extremities but can also occur in the myofascia and fascia of the forearms, thighs, and low back." "MGCTTS can be divided into primary and secondary lesions, with primary lesions having the typical pattern of GCTTS at first presentation along with areas of malignant sarcoma and secondary lesions having typical GCTTS at first presentation and a malignant sarcoma component at recurrence." "The gross presentation of MGCTTS is comparable to that of a typical mesenchymal sarcoma, both presenting as grayish-yellow and grayish-red soft-textured masses with infiltrative growth, indistinct borders, and large tumor size." "Diagnostic features include prominent nuclear schwannomas (>20 per 10 HPF), enlarged tumor cell nuclei with distinct nucleoli, the presence of spindle-shaped mononuclear-like cells, coagulative necrosis, and mucinous changes, which can sometimes coexist with undifferentiated pleomorphic sarcoma or mucinous fibrous sarcoma." "However, aggressive growth does not indicate malignant transformation of the tumor, and the presence of any of these alone does not indicate malignant transformation." "CT can clearly show the details of bone changes, and MGCTTS mostly appears on CT images as a mass that grows around a joint, is large in size, has poorly defined borders, is accompanied by extensive infiltrative destruction of adjacent bone tissue, and shows obvious malignant changes." "MRI has better resolution of soft tissues than CT and can accurately show the histological features of tumors and their relationship to surrounding



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tissues.” “MGCTTS has a mostly heterogeneous lesion signal on MRI images, with a predominantly muscle-like signal, and may show a T1WI low signal, a T2WI high signal, or (and) iron-containing heme deposits in T1WI and T2WI low-signal areas due to the presence of necrosis and cystic changes within the tumor.” “CT and MRI examinations can reveal the size of the mass, internal changes such as necrosis and bleeding, and invasion of surrounding tissues such as muscle and bone.” “(...) synovial sarcoma, which is mostly seen in young people, is more predominant in males than in females, and appears as a soft tissue mass on CT, with speckled or patchy high-density calcification visible internally; when the tumor invades bone tissue with dead bone, the longer the disease duration, the more pronounced is the tendency toward calcification, with a mixture of intralesional cystic lesions, bleeding at different times and fibrous septa, often with a typical T2WI triple signal (high, slightly high, and iso-low signal), rich blood supply to the tumor on enhancement scan, and obvious enhancement.” “In soft tissue sarcomas of the extremities, striking a careful balance between local control and functional preservation is critical.” “However, it is important to remember that systemic therapy choices for MGCTTS are currently limited.” 02 The following text in the Discussion is a mere repetition of the text presented at the case presentation, without any discussion: “This case was a primary case with 2 postoperative recurrences and a recalcitrant tendency to recur. The clinical signs of MGCTTS presented as a mass at the joint with predominant joint pain and limited motion, with some localized infection and fever. This case presented with a primary lesion in the right hip, which may be related to its large angle and range of motion, susceptibility to injury and chronic strain. The patient presented clinically with persistent dull pain in the right hip without radiating pain with limited hip motion, which progressed rapidly, with an interval of only 6 months from the onset of symptoms to the formation of a large soft tissue mass and extensive destruction of bone.” 03 Most of the discussion consists of a repetition of the

text presented in the case report section, and a patchwork of sentences from other studies, without an actual discussion of the case presented by the authors.