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PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 81617

Title: A complementary comment on primary hepatic angiosarcoma: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05142913
Position: Peer Reviewer
Academic degree: Doctor, MBBS

Professional title: Doctor

Reviewer's Country/Territory: Saudi Arabia

Author's Country/Territory: Turkey

Manuscript submission date: 2022-11-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-11-19 02:46

Reviewer performed review: 2022-11-19 02:48

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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	[ ] Yes [Y] No
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

Interesting article to read and very well written. It is a teachable case.

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Title: A complementary comment on primary hepatic angiosarcoma: A case report

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Reviewer's code: 02968018
Position: Peer Reviewer
Academic degree: PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Brazil

Author's Country/Territory: Turkey

Manuscript submission date: 2022-11-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-11-18 01:27

Reviewer performed review: 2022-11-20 02:41

Review time: 2 Days and 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Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

The authors present a case report of clinical interest, illustrated by interesting images. The subject falls within the scope of the journal. Some concerns should be addressed before considering the publication of this study. Several suggestions were made. Suggestions were drawn in yellow. In red questions that needed to be modified or answered. Please address each question raised and highlight the changes in the revised manuscript. INCLUDE THE FOLLOWING TOPICS AND REFERENCES : Clinically, VHL disease can be classified by clinical phenotype, each phenotype correlating with a specific genotype: type 1—low risk for pheochromocytoma but high risk for hemangioblastomas, clear cell renal carcinoma, cysts, and pancreatic neuroendocrine tumors; type 2A—high risk for pheochromocytoma but low risk for clear cell renal carcinoma; type 2B—high risk for pheochromocytoma and clear cell renal carcinoma; and type 2C—high risk only for pheochromocytoma. Ganeshan D, Menias CO, Pickhardt PJ, et al. Tumors in von Hippel-Lindau syndrome: from head to toe—comprehensive state-ofthe-art review. Radiographics. 2018;38:849–66. Knowledge of the main imaging findings of VHL disease can empower radiologists to establish associations in cases in which the findings are suggestive of the syndrome, allowing them to make the initial diagnosis of previously unknown cases, with an emphasis on the lower range of the age of onset of many of the associated lesions. In addition to the initial diagnosis, abdominal imaging plays an important role in the screening/early detection and followup of the lesions (some with higher risk than others), in accordance with the follow-up protocols proposed. Poulsen MML, Budtz-Jørgensen E, Bisgaard ML. Surveillance in von Hippel-Lindau disease (vHL). Clin Genet. 2010;77:49–59. Fernandes DA, Mourão JLV, Duarte JÁ, Dalaqua M, Reis F, Caserta NMG. Imaging manifestations

of von Hippel-Lindau disease: an illustrated guide focusing on abdominal manifestations. Radiol Bras. 2022 Sep-Oct;55(5):317-323.