



PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 37996

Title: A case of laparoscopic surgery of metastatic hepatic leiomyosarcoma associated with STUMP

Reviewer’s code: 00041963

Reviewer’s country: Turkey

Science editor: Li Ma

Date sent for review: 2018-01-22

Date reviewed: 2018-01-27

Review time: 5 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

This manuscript gives different messages to the readers.

Answer:

We deeply thank the Reviewer for giving us extra opportunity to the manuscript.



PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 37996

Title: A case of laparoscopic surgery of metastatic hepatic leiomyosarcoma associated with STUMP

Reviewer's code: 03765025

Reviewer's country: Brazil

Science editor: Li Ma

Date sent for review: 2018-02-06

Date reviewed: 2018-02-11

Review time: 5 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

This is a interesting case report that describes a metastatic hepatic leiomyosarcoma secondary to a previous broad ligament smooth muscle tumor of uncertain malignant potential (STUMP). There are few case reports and case series regarding metastatic liver leiomyosarcoma, however, this is the first one that described malignant transformation from primary STUMP to metastatic hepatic leiomyosarcoma. Language evaluation: good English level Title: I suggest not using abbreviations in the title Summary: well structured, it is a concise summary of the paper Keywords: need revision - Metastatic hepatic leiomyosarcoma, Smooth muscle tumor of uncertain malignant potential (STUMP) and Malignant transformation are not MeSH terms - Leiomyosarcoma and Smooth Muscle Tumor are appropriate MeSH terms. Introduction: the introduction provides a brief overview of the importance of the study. The aim is clear. Case report:



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The clinical case is well documented, however some points should be clarified: - How did the liver nodule suspected? Abdominal palpable mass? - Liver resection was described as “video-assisted laparoscopic resection”. What does that mean? Did a hybrid liver resection performed? There was auxiliary incision? Figure 2 shows a pure laparoscopic resection. - Did the surgical specimen retrieved through a port site or auxiliary incision? - When did the patient operated? Long-term follow-up should be described. Where did the patient relapse? Did she submit to systemic treatment? - What is the current status of the patient? - Ethical aspects: ok (retrospective) - Figures: very clear and illustrative Discussion: discusses the importance of this case report - PubMed and Medline are very similar databases; EMBASE search can be useful to find new articles. - The oncological prognostic of patients with metastatic liver leiomyosarcoma should be discussed. - The last paragraph, which discusses the laparoscopic liver resections, is a bit confusing and out of context The conclusion is supported by the data References: ok

Answer:

1) Q:I suggest not using abbreviations in the title.

A:We revised the indicated the point in the title.

2) Q:Metastatic hepatic leiomyosarcoma, Smooth muscle tumor of uncertain malignant potential (STUMP) and Malignant transformation are not MeSH terms - Leiomyosarcoma and Smooth muscle tumor are appropriate MeSH terms.

A:We revised the keywords using MeSH terms. Metastatic hepatic leiomyosarcoma was changed to Leiomyosarcoma. Smooth muscle tumor of uncertain malignant potential (STUMP) was changed to Smooth muscle tumor. Malignant transformation was deleted. In addition, we newly added following 2 words, Hepatic neoplasm and Neoplasm metastasis.

3) Q:How did the liver nodule suspected? Abdominal palpable mass?

A:We had already written the sentences for the question.

4) Q:Liver resection was described as “video-assisted laparoscopic resection”. What does that mean? Did a hybrid liver resection performed? There was auxiliary incision? Figure 2 shows a pure laparoscopic resection.

A:We modified the term as pure laparoscopic partial liver resection.

5) Q:Did the surgical specimen retrieved through a port site or auxiliary incision?



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A: Because the resected partial liver was retrieved from the umbilical port with auxiliary incision, we added supplemental explanation.

6) Q: When did the patient operate? Long-term follow-up should be described? Where did the patient relapse? Did she submit to systemic treatment? What is the current status of the patient?

A: The patient was discharged 8 days after the operation without any complications, and the patient was not received adjuvant systemic treatment. However, follow-up CE-CT and EOB-MRI studies showed recurrent metastatic hepatic leiomyosarcoma in the edge of Segment 5 (12 mm × 9 mm) 7 months after the initial surgery. We performed pure laparoscopic partial resection with these procedures safely in both primary and secondary resections because of the minimum postoperative abdominal adhesions. No evident disease recurrence has been seen in the 4 months since the secondary surgery.

7) Q: Pubmed and Medline are very similar databases; EMBASE search can be useful to find new articles.

A: We had additional searching with EMBASE.

8) Q: The oncological prognostic of patients with metastatic liver leiomyosarcoma should be discussed.

A: Concerning to the oncological prognostic of patients with metastatic liver leiomyosarcoma, we had already written in the discussion section. In addition to the sentence, we newly added sentences related to the oncological prognosis.

9) Q: The last paragraph, which discusses the laparoscopic liver resections, is a bit confusing and out of context. The conclusion is supported by the data.

A: We deleted indicated sentences in discussion section to avoid the confusion.



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 37996

Title: A case of laparoscopic surgery of metastatic hepatic leiomyosarcoma associated with STUMP

Reviewer's code: 03035837

Reviewer's country: Reviewer_Country

Science editor: Li Ma

Date sent for review: 2018-02-06

Date reviewed: 2018-02-20

Review time: 13 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
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		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

The manuscript by Fukui K, et al. reported a case of STUMP that occurred in a broad ligament and developed into metastatic hepatic leiomyosarcoma over a period of 6 years, and an ultrasound-guided video-assisted laparoscopic partial liver resection was performed with vessel-sealing devices, using the crush clamping method and Pringle maneuver. Overall, this manuscript is written in acceptable language quality and has a value for publication. Specific comments: First, it seems that metastatic hepatic leiomyosarcoma from STUMP have some reports (Am J Surg Pathol. 2008;32(1):98-102) (PMID: 18162776). Second, as laparoscopic surgery was emphasized repeatedly, the related methods used for the treatment, including ultrasound-guided, the crush clamping method and Pringle maneuver, should be described more detailedly in the treatment part. At last, follow-up data during the 6 years and after this operation are

better to be added, if possible.

Answer:

1) Q:First, it seems that metastatic hepatic leiomyosarcoma from STUMP have some reports (Am J Surg Pathol. 2008;32(1):98-102) (PMID: 18162776).

A:We carefully searched all common literature search engines including indicated study again. We agree with the Reviewers comments and we revised some sentences not using such as initial and first.

2) Q:Second, as laparoscopic surgery was emphasized repeatedly, the related methods used for the treatment, including ultrasound-guided, the crush clamping method and Pringle maneuver, should be described more detailedly in the treatment part.

A:We added the benefits of the presented technique in discussion section.

3) Q:At last, follow-up data during the 6 years and after this operation are better to be added, if possible.

A:Preoperative follow-up detailed information of metastatic hepatic leiomyosarcoma during the 6 years was unclear. Though the patient had been follow-up every six months in another facility, the patient did not have abnormal findings. However, this result is unnatural because of the clinical findings as upper palpable liver mass from the body surface. Therefore, we hope that it is not to describe follow-up data during the 6 years. Regarding the follow-up data after this operation, we added the follow-up data in the case report section.