

PEER-REVIEW REPORT

Name of journal: World Journal of Obstetrics and Gynecology

Manuscript NO: 64257

Title: Microglandular hyperplasia-like mucinous adenocarcinoma of the endometrium:

A rare case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00051373 Position: Editorial Board Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: Greece

Manuscript submission date: 2021-02-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-02-14 14:46

Reviewer performed review: 2021-02-15 14:38

Review time: 23 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] 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-Review: [Y] Anonymous [] Onymous Peer-reviewer

statements

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

SPECIFIC COMMENTS TO AUTHORS

An interesting case report with well manuscript written.



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Reviewer's code: 03816788 **Position:** Editorial Board

Academic degree: FACS, FICS, FRCS, MBBS, MS

Professional title: Associate Professor, Surgeon, Teacher

Reviewer's Country/Territory: India

Author's Country/Territory: Greece

Manuscript submission date: 2021-02-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-02-14 09:47

Reviewer performed review: 2021-02-15 16:51

Review time: 1 Day and 7 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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) [Y] Minor revision [] Major revision [] Rejection
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Peer-reviewer

Peer-Review: [] Anonymous [Y] Onymous

statements

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

SPECIFIC COMMENTS TO AUTHORS

Its interesting and rare case. The discussion contains many repeats like features, All may be integrated and discussion needs to be relevant and shortened. 1. The flow of the case summary needs to be in order. 2. "The woman underwent total abdominal hysterectomy with bilateral salpingo-oophorectomy" This statement is repeated twice. 3. Is there any TNM classification? Any LN status? 4. Any follow up period, may be mentioned. 5. "associated with pregnancy and oral contraceptive use" repeated in discussion. 6. Only 1 differential- if any other, do mention. 7. Similar things like Features, clues, etc are repeated in various statements. These can be integrated and much of the discussion text can be curtailed. 8. Figures are too many; max 8 best figures to be included. 9. What is the prognosis/outcome of these types of tumors? How do they behave? 10. IHC markers specific to each subtype may listed properly which help to differentiate between the two ?



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Reviewer's code: 05418974 Position: Peer Reviewer Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: South Africa

Author's Country/Territory: Greece

Manuscript submission date: 2021-02-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-02-13 15:01

Reviewer performed review: 2021-03-09 12:02

Review time: 23 Days and 21 Hours

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
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Peer-reviewer statements

Peer-Review: [Y] Anonymous [] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

Thank you for this well presented and well written interesting case report highlighting an uncommon but potentially perilous area in gynaecological pathology when dealing with limited samples. Please address the following: 1) Include a table comparing the useful features seperating MGH from MGA. 2) Update your reference and discussion from the old WHO classification to the 5th edition. Is this still a recognised variant pattern in the WHO book? 3) Please see this article and include the following immunohistochemical stains in your discussion. Stewart CJ, Crook ML. PAX2 and cyclin D1 expression in the distinction between cervical microglandular hyperplasia and endometrial microglandular-like carcinoma: a comparison with p16, vimentin, and Ki67. Int J Gynecol Pathol. 2015 Jan;34(1):90-100.