

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 75605

Title: Phosphoglyceride crystal deposition disease requiring differential diagnosis from malignant tumors and confirmed by Raman spectroscopy: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06251349

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Japan

Manuscript submission date: 2022-02-07

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-07 13:48

Reviewer performed review: 2022-02-08 14:30

Review time: 1 Day

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| 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 Grade E: Do not publish |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 |
| 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 |

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| 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 |
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SPECIFIC COMMENTS TO AUTHORS

This is an impressive article about phosphoglyceride crystal deposition disease. Granuloma in the abdomen accompanied by intensive FDG uptake can easily lead to a diagnosis of sarcoma. A few suggestions/ questions I have for them are: 1. Figure 1 shows calcification density in lesions 2, 3, and 5. Please provide non-contrast-enhanced CT images at the same level. 2. Is the focal FDG uptake in the left axillary region on MIP (Figure 2) a lymph node? There seems to be no explanation for it. 3. The MIP (Figure 2) shows that parts 3 and 4 of the abdominal lesion overlap with the left renal collecting system. The lesion would be more clearly demonstrated by adding a mild right anterior oblique or mildly rotated MIP image. 4. Increase the color bar of the fusion image and indicate the range of SUV.

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Reviewer's code: 03455028

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Author's Country/Territory: Japan

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| Peer-reviewer statements | Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No |
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SPECIFIC COMMENTS TO AUTHORS

This paper reported a method that has not been previously reported for the diagnosis of PCDD. It's interesting and meaning.