



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 34204

Title: High-grade myofibroblastic sarcoma in the liver: A case report

Reviewer's code: 00722239

Reviewer's country: Japan

Science editor: Ze-Mao Gong

Date sent for review: 2017-04-25

Date reviewed: 2017-04-29

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" 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 checked="" type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" 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 checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors reported a case of myofibroblastic sarcoma of the liver. The manuscript is well-written and the case is pathologically interesting. I can agree the pathological diagnosis of high-grade myofibroblastic sarcoma. However, provided histological information was very restricted, only one HE figure of high magnification (Figure 2). Therefore, several differential diagnoses (GIST, vascular tumor and angiomyolipoma) were considered as differential diagnosis. In addition, Figure 2 do not contain mitotic figure which is important finding for grading. The authors should provide more histological photographs (HE stain) indicating mitosis, necrotic lesion and low magnification image of the tumor. Among rendered differential diagnosis, GIST is mostly denied by negativity of CD117 (c-kit) and CD34. The authors should provide the results of immunohistochemistry of CD31 and Factor VIII (to deny vascular tumor, such as angiosarcoma or epithelioid hemangioendothelioma), Melan A and HMB45 (to deny angiomyolipoma although S-100 is negative).