



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 34979

**Title:** Rupture of small cystic pancreatic neuroendocrine tumor with many microtumors

**Reviewer’s code:** 00037961

**Reviewer’s country:** United States

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2017-06-10

**Date reviewed:** 2017-06-19

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 is a very interesting case of a pancreatic neuroendocrine tumor (pNET) in a 42-year-old woman with no family history. CT and MRI revealed an 18 mm × 17 mm cystic lesion with a nodule in the pancreatic tail. These tumors, cystic rim, and nodule all showed similar enhancement on contrast-harmonic EUS. A EUS-guided fine needle aspiration of the microtumor was performed to diagnose multiple pNETs. Macroscopic examination of the resected pancreatic body and tail showed that the cystic lesion had morphologically changed to a 13-mm main nodule, and 11 new microtumors (diameter 1-3 mm). Microscopically, all microtumors represented pNETs. From the findings of a broken peripheral rim on the main nodule with fibrosis, rupture of the cystic pNET was suspected. Postoperatively, pituitary adenoma and parathyroid adenoma were detected. The final diagnosis was multiple grade 1 pNETs with multiple endocrine neoplasia type 1. To the authors knowledge, no case of spontaneous rupture of a cystic pNET has previously been reported in the literature. Thus the report of this very rare case of pNET



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with various morphological changes is of interest to report. Comments: This is a important case study. However several suggestions are provided to revise the manuscript. 1) Please edit the abstract . Remove the last sentence from the abstract. I have summarized the abstract in my review 2) On page 7, line 2 , please change the word from intact to elevated. Please refer to all of the figures in the manuscript i particular, page 7, paragraph 2. 3) at the end of the paragraph pn page 7, please explain or revise the sentence "blood chemistry showed that the tumor was non functional" 4) Discussion section, please provide section breaks so that the readers get a clear interpretation of the data analysis



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## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 34979

**Title:** Rupture of small cystic pancreatic neuroendocrine tumor with many microtumors

**Reviewer's code:** 01191922

**Reviewer's country:** China

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2017-06-24

**Date reviewed:** 2017-07-03

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 checked="" type="checkbox"/> Grade C: Good	<input checked="" 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 type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[ Y ] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[ Y ] No	

### COMMENTS TO AUTHORS

The authors reported an interesting case, which they believed it as a spontaneous rupture of cystic pNET with many microtumors. Several comment are listed as follows. 1. More details should be provided about the operation. Laparoscopic or open, spleen preserving or not preserving? 2. How many days did the patient receive surgery after EUS-FNA? Spontaneous rupture of the cystic pNET in the current case is only a speculate. Is the tumor rupture and diameter reduction related with the procedure of EUS-FNA? If not, please explain why. 3. What is the IHC Ki-67 index of the tumors, as it is an important parameter for pNET? Did these tumors have the same Ki-67 index? Please provide follow-up details for this patient.



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## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 34979

**Title:** Rupture of small cystic pancreatic neuroendocrine tumor with many microtumors

**Reviewer's code:** 00504442

**Reviewer's country:** Japan

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2017-07-01

**Date reviewed:** 2017-07-06

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 checked="" type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
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		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

This is interesting case report. However there are some unsatisfactory points. 1, Resection method; laparoscopic resection or laparotomy? 2, How many days after EUS-FNA resection was performed? 3, Did you confirm the EUS-FNA puncture route histologically in the resected material? 4, Abstract and discussion are very long, if possible, you had better simplify focus on the diagnostic way and histological findings.