

**Review of manuscript for WJG by Hu YB et al. “Diagnosis of gastric duplication cyst by positron emission tomography/computed tomography: a case report” (ESPS Manuscript No: 50668).**

This is a very well and in detail written case report concerning description of a rare case of gastric duplication cyst (GDC) diagnosed in 53-year-old female by positron emission tomography/computed tomography (PET/CT) and endoscopic ultrasonography guided fine needle aspiration (EUS-FNA).

The authors described very well the history of a patient, the clinical, physical, laboratory examinations as well as endoscopic examinations. The authors used computed tomography and endoscopic ultrasonography guided fine needle aspiration for diagnosis of GDC.

The Discussion is written well and gives us a good overview about the importance of discovery of such a case in clinical practice. The case report is accompanied with 5 Figures.

This case report makes the contribution for practical gastroenterologist and oncologist and underline the importance of combination of PET/CT and EUS-FNA in preoperative diagnosis of gastric duplication cyst.

**However, some points need to be considered:**

1. Description of the immunohistochemical markers and its abbreviations should be more precise. It is not fully clear which markers have been used in immunohistochemical staining of surgical specimens.
2. The description of Figures should be more detailed.

The case report of Hu YB et al. “Diagnosis of gastric duplication cyst by positron emission tomography/computed tomography” is a well written case report study, may be classified into grade B, language grade A. The paper could be accepted with modifications in the content as recommended.

Dear Editor,

We have read the comments of reviewers which are very helpful.

For the first reviewer, we will interpret the pathophysiological meaning of each marker status. CK7(+), CK20(-), and Villin(+) in immunohistochemistry suggest that pathological tissues are likely to be derived from the gastrointestinal tract. Villin(+) and CDX-2(+) in immunohistochemistry suggested that pathological tissues and organs are likely to be derived

from the stomach. ER(-), PR(-), PAX-8(-) and CD10(-) exclude tumors of uterus and ovary origin. We thank Prof Dong Kuang, Department of Pathology, Tongji Hospital, Tongji Medical College, Huazhong University of Science and Technology for the technical assistance on pathological analysis. We also have updated the description of Figures.

Thank you for your effort again!

Best regards,

Yingbin Hu

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Title of the article: »Diagnosis of gastric duplication cyst by positron emission tomography/computed tomography: a case report«

#### ***Opinion for the editor***

In the article the authors present a patient with gastric duplication cyst (GDC), which are extremely rare congenital abnormalities of the gastrointestinal tract. Definitive diagnosis is challenging and difficult. To confirm the etiology of the cyst authors have used two imaging methods: positron emission tomography/computed tomography (PET/CT) and EUS-FNA. They conclude, that 18F-FDG-PET/CT may complement EUS-FNA with additional informations about the etiology of such rare lesion. The authors emphasize the fact, that the presented patient is the first report in which both imaging methods, EUS-FNA and PET/CT approaches were used in GDC diagnosis and treatment.

I read the case report with great interest.

Target readers of this article are mainly gastroenterologists, endoscopists, surgeons and radiologists.

The case report is interesting, well illustrated, represents a rarity, but the language of the contribution should be improved.

#### ***Opinion to be conveyed to the author***

**Title:** accurately reflects the topic and contents of the paper.

**Abstract:** 162 words, structured, appropriate.

**Key words:** 6 key words, precisely define the content of the paper.

**Core tip:** 76 words, is appropriate.

**Introduction:** 156 words, the reader is “modestly” acquainted with some facts about gastric duplication cysts (GDCs), diagnostic procedures and definitive confirmation of the etiology.

**Case presentation:** 459 words, the patient's presentation includes clinical problem, physical examination, results of various diagnostic/imaging procedures (included are 5 figures: upper endoscopy, EUS, EUS-FNA, PET/CT and histopathology, surgical procedure (laparoscopic

resection with partial wedge resection of the stomach), final pathologic confirmation and patient follow-up.

**Discussion:** 488 words, in the discussion the authors explain gastric duplication cyst representing rare gastrointestinal congenital abnormalities and diagnostic procedure in which EUS has been a key imaging method in the past, especially if it was supplemented by EUS-FNA and EUS-FN biopsy. They emphasize the use of PET/CT using FDG, a glucose analogue, which can detect hypermetabolic neoplastic cells and be helpful to resolve the discrepancies from different diagnostic/imaging methods. The authors correctly emphasize also the fact that definitive diagnosis in this rare condition is often achieved during pathologic and/or microscopic examination after surgical resection or endoscopic submucosal dissection (ESD).

**Conclusion:** 111 words, the authors emphasize the complexity of the definitive diagnosis and the most appropriate treatment of GDCs. They share the opinion that 18F-FDG-PET/CT may complement EUS-FNA with additional imaging data in the diagnosis of this condition.

**References:** 7, contemporaray references, J Clin Pathol 2004 – Cytopathology 2019.

**Conflict of interest:** no conflict of interest declared.

**Informed consent statement:** Informed written consent was obtained from the patient for publication of this report and accompanying images.

### ***Opinion of the reviewer***

The manuscript is interesting, well illustrated, but the language of the contibution should be improved.

Dear Editor,

We have read the comments of reviewers which are very helpful.

For the second reviewer, we have further improved the language expression.

Thank you for your effort again!

Best regards,

Yingbin Hu