**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 51330

**Title:** Huge perianal epidermoid cysts - enhanced computed tomography findings: A case report

**Reviewer’s code:** 00503690

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer’s country:** Egypt

**Author’s country:** China

**Reviewer chosen by:** Artificial Intelligence Technique

**Reviewer accepted review:** 2019-09-14 06:38

**Reviewer performed review:** 2019-09-14 06:53

**Review time:** 1 Hour

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| **SCIENTIFIC QUALITY** | **LANGUAGE QUALITY** | **CONCLUSION** | **PEER-REVIEWER STATEMENTS** |
| [ ] Grade A: Excellent  [ Y] Grade B: Very good  [ ] Grade C: Good  [ ] Grade D: Fair  [ ] Grade E: Do not  publish | [ ] Grade A: Priority publishing  [ Y] Grade B: Minor language  polishing  [ ] Grade C: A great deal of  language polishing  [ ] Grade D: Rejection | [ ] Accept  (High priority)  [ ] Accept  (General priority)  [ Y] Minor revision  [ ] Major revision  [ ] Rejection | Peer-Review:  [ Y] Anonymous  [ ] Onymous  Peer-reviewer’s expertise on the topic of the manuscript:  [ ] Advanced  [ Y] General  [ ] No expertise  Conflicts-of-Interest:  [ ] Yes  [ Y] No |

**SPECIFIC COMMENTS TO AUTHORS**

There were no symptoms of redness, swelling, heat of local skin and no anal swelling, itching, bearing down and difficulty during defecation. He had a history of hypertension for over 10 years but had no other previous medical issues.( redness, swelling, heat of local skin and no anal swelling are signs not symptoms)
at 3 to 6 points of the lithotomy position, 2 cm over the anal verge, in the left perianal region.( NO NEED TO MENTION IN THE LEFT PERIANAL REGION AS 3 to 6 points is in the left)
showed that there was no channel between the surgical area and the anal canal, after the resection. ( BETTER TO SAY NO FISTULA or SINUS)
The preoperative diagnosis of perianal epidermoid cysts is very important for the selection of a suitable surgical method and may prevent intraoperative and postoperative complications. In our case, enhanced CT examination was used for preoperative diagnosis and surgical decision-making. The enhanced CT examination has the advantages of high resolution, fast scanning speed, competitive price and it can clearly indicate the size, location, density, margin of the epidermoid cysts and its relationship with surrounding tissues. Enhanced CT is significantly valuable in showing the blood supply of the cysts. A typical imaging feature of perianal epidermoid cysts is a subcutaneou low density cystic mass, class circle or ellipse, smooth edge being either a single cyst or polycystic. The density of cysts differs according to keratin and cholesterol content, as well as proportion, calcification and bleeding. The wall of the cysts are thin and no or slight enhancement is seen in enhanced CT examination. When the cysts are infected and form granulomatous structures, rim enhancement may be present around the mass. Furthermore, enhanced CT can clearly show the location of perianal epidermoid cysts, and the relationship between the cyst and the anal sphincter and rectum, as well as the blood supply to the cyst or around the cyst. This imaging information is of significant value for guiding the surgery. ( REFERENCE OR MORE)
The specimen was a greyish-red cystic mass, which contained greyish-white substance in the capsule. The microscopic and histopathological examination revealed the cyst wall was 40-60μm thick and lined with stratified squamous epithelia, which had distinct granular layers. The cavity of the cyst was filled with layered uniform red-stained keratin (Fig. 3). The patient was discharged on postoperative day 5 without complications and showed satisfactory recovery, as observed during the 6-months follow-up period.( SHOULD MENTION CLEARLY THAT IT WAS DIAGNOSED AS EPIDERMOID CYST)

**INITIAL REVIEW OF THE MANUSCRIPT**

***Google Search:***

[ ] The same title

[ ] Duplicate publication

[ ] Plagiarism

[ ] No

***BPG Search:***

[ ] The same title

[ ] Duplicate publication

[ ] Plagiarism

[ ] No

**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 51330

**Title:** Huge perianal epidermoid cysts - enhanced computed tomography findings: A case report

**Reviewer’s code:** 02461932

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Assistant Professor

**Reviewer’s country:** Japan

**Author’s country:** China

**Reviewer chosen by:** Artificial Intelligence Technique

**Reviewer accepted review:** 2019-09-13 07:48

**Reviewer performed review:** 2019-09-14 12:43

**Review time:** 1 Day and 4 Hours

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| **SCIENTIFIC QUALITY** | **LANGUAGE QUALITY** | **CONCLUSION** | **PEER-REVIEWER STATEMENTS** |
| [ ] Grade A: Excellent  [ ] Grade B: Very good  [ ] Grade C: Good  [ Y] Grade D: Fair  [ ] Grade E: Do not  publish | [ ] Grade A: Priority publishing  [ Y] Grade B: Minor language  polishing  [ ] Grade C: A great deal of  language polishing  [ ] Grade D: Rejection | [ ] Accept  (High priority)  [ ] Accept  (General priority)  [ ] Minor revision  [ Y] Major revision  [ ] Rejection | Peer-Review:  [ ] Anonymous  [ Y] Onymous  Peer-reviewer’s expertise on the topic of the manuscript:  [ Y] Advanced  [ ] General  [ ] No expertise  Conflicts-of-Interest:  [ ] Yes  [ Y] No |

**SPECIFIC COMMENTS TO AUTHORS**

Major Weakness
1. Although epidermoid cysts are rare in perianal region, CT findings of epidermoid cysts are already a common knowledge and CT findings of epidermoid cysts in other parts of the body is not discussed. The manuscript lacks originality.
2. CT findings of perianal epidermoid cyst have already been reported in
RadioGraphics 2001; 21:575–584 (Figure 5),
medicina fluminensis 2011, Vol. 47, No. 3, p. 312-315,
Bakırköy Tıp Dergisi 2014;10:182-184.etc.
Specific comments
1. Page 5, line 1: Enhanced CT revealed a cystic low-density shadow… ‘shadow’ should be changed to ‘mass’.
2. Page 5, line 3: ‘delay phase‘ should be ‘delayed phase’
3. Page 5: What was the preoperative diagnosis? Please comment.
4. Page 5, line 6: ‘operating room for mass excision on March 13th, 2019’ date of operation should be deleted.
5. Page 5: No recurrence was observed after follow-up?
6. Page 6, line 19: ‘subcunaeou’ should be ‘subcutaneous’.
7. Page 6: In discussion, there are no references for CT findings of epidermoid cysts (in perianal region and other part of the body). Please cite. Please compare the findings in this case and the past reports. What is the differential diagnosis in this case?
8. Figures: Figures 1 and 2 should be trimmed.

**INITIAL REVIEW OF THE MANUSCRIPT**

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[ ] No

***BPG Search:***

[ ] The same title

[ ] Duplicate publication

[ ] Plagiarism

[ ] No

**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 51330

**Title:** Huge perianal epidermoid cysts - enhanced computed tomography findings: A case report

**Reviewer’s code:** 03545890

**Position:** Peer Reviewer

**Academic degree:**

**Professional title:**

**Reviewer’s country:** Greece

**Author’s country:** China

**Reviewer chosen by:** Artificial Intelligence Technique

**Reviewer accepted review:** 2019-09-16 02:24

**Reviewer performed review:** 2019-09-16 17:58

**Review time:** 15 Hours

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| **SCIENTIFIC QUALITY** | **LANGUAGE QUALITY** | **CONCLUSION** | **PEER-REVIEWER STATEMENTS** |
| [ ] Grade A: Excellent  [ Y] Grade B: Very good  [ ] Grade C: Good  [ ] Grade D: Fair  [ ] Grade E: Do not  publish | [ Y] Grade A: Priority publishing  [ ] Grade B: Minor language  polishing  [ ] Grade C: A great deal of  language polishing  [ ] Grade D: Rejection | [ ] Accept  (High priority)  [ Y] Accept  (General priority)  [ ] Minor revision  [ ] Major revision  [ ] Rejection | Peer-Review:  [ Y] Anonymous  [ ] Onymous  Peer-reviewer’s expertise on the topic of the manuscript:  [ ] Advanced  [ Y] General  [ ] No expertise  Conflicts-of-Interest:  [ ] Yes  [ Y] No |

**SPECIFIC COMMENTS TO AUTHORS**

This a very rare case wιth proper description.

**INITIAL REVIEW OF THE MANUSCRIPT**

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[ ] The same title

[ ] Duplicate publication

[ ] Plagiarism

[ ] No

***BPG Search:***

[ ] The same title

[ ] Duplicate publication

[ ] Plagiarism

[ ] No