

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 67200

Title: Transforaminal endoscopic excision of bi-segmental non-communicating spinal extradural arachnoid cysts: A case report and review of literature

Reviewer's code: 04978174

Position: Peer Reviewer

Academic degree: MD, MSc, PhD

Professional title: Assistant Professor, Doctor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: China

Manuscript submission date: 2021-04-18

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-18 05:05

Reviewer performed review: 2021-04-29 04:27

Review time: 10 Days and 23 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" 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 Grade E: Do not publish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 type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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

The authors reported a case report of a patient with Spinal extradural arachnoid cysts (SEACs) and they performed a review on the topic. I congratulate the authors for the successful management of their case as well as for their work in this review. However, there were multiple issues with the paper that could use substantial improvement.

Introduction: * The author mentioned, "A majority of SEAC cases reported in the literature involve one segment, whilst very few reporting disease across multiple segments". Was this reported in only one paper or reported in multiple papers. Of

multiple papers, please cite them. **Case Report:** * Please mention that you are reporting this manuscript in accordance with the CARE guidelines. Was consent obtained from the patient? If yes, please mention it in your manuscript according to CARE guidelines. * In the history of present illness, Didn't the patient complained

of any myelopathic symptoms such as heaviness or stiffness? * The author mentioned "Physical examination revealed lower back tenderness" Is there any explanation for the tenderness? (this is more common in inflammatory lesions). * The author mentioned "Sensation over the right-side of the abdomen was decreased" Which

dermatome? Was it superficial sensation only? * The author mentioned "strength in the lower extremities muscle groups was grade four" Distal and proximal were of

equal intensity? Was the weakness distribution of UMNL or LMNL nature? * The author mentioned "The right knee-tendon reflex and achilles-tendon reflex bilateral

could not be elicited" What was the reason? What about planter reflex? Clonus? * What about the muscle tone? * On Imaging examination, Was there any compression

on the conus medullaris? * The author mentioned "MRI with gadolinium (Gd) contrast demonstrated no significant enhancement of the cysts" Was there enhancement?

What is the explanation? Usually, arachnoid cyst does not enhance? If yes, please discuss

it in your discussion. * It would be interesting to gross intraoperative pictures.

Discussion * Please mention your search terms and strategy. * The author mentioned, "Most SEACs reported in literature effect just one segment". Please add references to this sentence. * The author mentioned, "Trauma and local mechanical stress, infection, or degenerative changes may all cause acquired dural defects". Please add a reference to this sentence. * The author mentioned, "This "one-way valve" may prevent or hinder the CSF from flowing back into the intradural space". Please add a reference to this sentence. * The author mentioned, "The only perceived disadvantage of endoscopic spinal surgery is the risk of dural tear". Please add a reference to this sentence. * The author mentioned, "A review of the literature revealed few other cases of non-communicating SEAC". Please add references to this sentence. * The author mentioned, "Proliferation of arachnoid cells may eventually lead to closure of the dural defects leaving a non-communicating cyst". Please add a reference to this sentence. * The author mentioned, "This is more likely in thoracic segment disease as the CSF pressure is close to zero in the upright position, which is beneficial to early closure". Please add a reference to this sentence. * The author mentioned, "Compared with communicating SEACs, surgeons treating non-communicating SEACs do not need to deal with the communication between the cyst and the dura, such as dural defects, arachnoid pedicles or fistulas". Please add a reference to this sentence. * The authors needs to make more thorough review of the literature as I did a quick search and found some reports that are not included in your review of the literature such as: 1- Choi SW, Seong HY, Roh SW. Spinal extradural arachnoid cyst. J Korean Neurosurg Soc. 2013;54(4):355-358. doi:10.3340/jkns.2013.54.4.355 2- Woo JB, Son DW, Kang KT, et al. Spinal Extradural Arachnoid Cyst. Korean J Neurotrauma. 2016;12(2):185-190. doi:10.13004/kjnt.2016.12.2.185

Figure 1: Please arrange the figure so as the follow-up



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to be the last image and not between pre-operative images. General: * The level of the English language is poor but needs major grammatical revisions.

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Name of journal: World Journal of Clinical Cases

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Title: Transforaminal endoscopic excision of bi-segmental non-communicating spinal extradural arachnoid cysts: A case report and review of literature

Reviewer's code: 05261629

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Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2021-04-18

Reviewer chosen by: AI Technique

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Reviewer performed review: 2021-04-30 17:54

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" 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
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Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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

Manuscript adequately describes the case. It is well organized and presented

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Clinical Cases

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Position: Peer Reviewer

Academic degree: MD, MSc, PhD

Professional title: Assistant Professor, Doctor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: China

Manuscript submission date: 2021-04-18

Reviewer chosen by: Yun-Xiaojian Wu

Reviewer accepted review: 2021-06-07 12:02

Reviewer performed review: 2021-06-07 17:01

Review time: 4 Hours

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
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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

SPECIFIC COMMENTS TO AUTHORS

I would like to thank the authors for addressing most of my comments however, there is minor comments need to be addressed. OLD COMMENT: The author mentioned, “A majority of SEAC cases reported in the literature involve one segment, whilst very few reporting disease across multiple segments”. Was this reported in only one paper or reported in multiple papers. Of multiple papers, please cite them. Response: Thank you for your constructive suggestions. We have revised the manuscript according to your suggestion. NEW COMMENT: NOT REVISED OLD COMMENT: The author mentioned “Sensation over the right-side of the abdomen was decreased” Which dermatome? Was it superficial sensation only? Response: Thank you for your constructive suggestions. We have revised the manuscript according to your suggestion. The decreased sensation dermatome is T12, and it was only superficial sensation. The changes are in lines 2-3 of Physical examination in CASE PRESENTATION. NEW COMMENT: PLEASE ADD SUPERFICIAL BEFORE SENSATION OLD COMMENT: The author mentioned “The right knee-tendon reflex and achilles-tendon reflex bilateral could not be elicited” What was the reason? What about planter reflex? Clonus? Response: Thank you for your constructive suggestions. We have revised the manuscript according to your suggestion. The knee-tendon reflex and achilles-tendon reflex were abnormal, but both the planter reflex and ankle clonus were normal, which may be due to expected variation between patients rather than directly related to the SEAC. The changes are in lines 5-6 of Physical examination in CASE PRESENTATION and lines 19-21 of Diagnosis in DISCUSSION. NEW COMMENT: DO YOU MEAN NO ANKLE CLONUS? OLD COMMENT: What about the muscle tone? Response: Thank you for your constructive suggestions. We have revised the manuscript according to your suggestion. There is no abnormality in muscle tone. The change is in line 7 of Physical examination in CASE PRESENTATION. NEW COMMENT: I WOULD SUGGEST TO PUT THE MUSCLE TONE BEFORE THE URINARY SYMPTOMS



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