



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 67499

Title: Thoracoabdominal duplication with hematochezia as an onset symptom in a baby:
A case report

Reviewer's code: 00071705

Position: Editorial Board

Academic degree: MD

Professional title: Associate Professor, Surgeon

Reviewer's Country/Territory: Turkey

Author's Country/Territory: China

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Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-05-07 14:51

Reviewer performed review: 2021-05-17 20:18

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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 Grade E: Do not publish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
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
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

The Authors presented a case of thoracoabdominal duplication which was treated surgically of both sides at the same session. This is a well-written case report but somethings should be added in the manuscript First, what kind of intestinal malrotation were they discovered in the exploration? What was the intraoperative anatomic findings? Second, generally thoracoabdominal duplications cross behind the oesophagus and aorta after passing through the right crus of the diaphragm and they tend to the right of the midline. In the presented case, imaging modalities shown that lesion pass through the diaphragm right side of the midline, thereafter cross the midline right to left. This piont and its potential effects on the surgical planning and management of thoracal side of the lesion should be emphasized in the case report and the discussion sections of the manuscript. Finally, this manuscript is acceptable with minor revision. Best regards,