



PEER-REVIEW REPORT

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Manuscript NO: 68943

Title: Eustachian tube teratoma: a case report and review of literature

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

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Reviewer's code: 03537202

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Adjunct Professor, Doctor, Professor

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

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Reviewer chosen by: AI Technique

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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 Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Authors reported a rare and interesting case of eustachian tube teratoma in a 48-year-old male patient who had a history of chronic otitis of the left ear from infancy and had already been operated on twice in which the diagnosis was confirmed by Computed tomography (CT) scan and magnetic resonance imaging (MRI). The mass was removed completely under general anesthesia. As of last follow-up (2 years post-surgery), the disease had not relapsed. Authors concluded that, when a long history of chronic otitis is encountered, combined with polyps in the tympanum and/or external auditory canal, a combination of CT and MRI is necessary pre-operation. STATUS: ACCETTABLE FOR PUBLICATION PENDING MINOR REVISIONS General considerations: This is a CASE REPORT article. The work is interesting, the paper is very well-written, and there are not many similar cases described in the literature about this topic. Abstract: the abstract appropriately summarize the manuscript without discrepancies between the abstract and the remainder of the manuscript. However, in the abstract paragraph you wrote: "Computed tomography (CT) scan and magnetic resonance imaging (MRI) revealed a eustachian tube teratoma, composed of two parts". What do you mean "composed of two parts"? Please specify it. Keywords: adequate. Reference: adequate. Paper On some aspects, the authors should address: 1)In the imaging examinations paragraph, this sentence is redundant because similar to the next one: "The unenhanced computed tomography (CT) of the temporal bone showed some changes, including a soft tissue density lesion in the tympanum, without ossicular chain, which had resulted from the mastoidectomy". Please modify it. 2)In the imaging examinations paragraph, this sentence is redundant because similar to the next one: "The magnetic resonance imaging (MRI) showed a 3.2 cm × 1.3 cm × 2.0 cm mass of



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signal intensity similar to that of the fat on all sequences and with little cartilage signal". Please modify it. 3)In the abstract and pathological results paragraphs, you wrote: "The mass consisted of two parts in the ET". What do you mean "composed of two parts"? Please specify it. 4)In the discussion paragraph, provide a better definition of teratomas, dermoids and epidermois lesion of head and neck, including an overview about cross-sectional imaging. You could consult the following article, which you should cite: -Smirniotopoulos JG, Chiechi MV. Teratomas, dermoids, and epidermoids of the head and neck. *Radiographics*. 1995 Nov;15(6):1437-55. doi: 10.1148/radiographics.15.6.8577967. PMID: 8577967. 5)In the discussion paragraph, you wrote: "Most cases involve a midline or paraxial location, and the most common site is in the sacrococcygeal region (40%-60% of cases). Only 2%-10% of cases have involved the head and neck regions, especially the cervical and nasopharyngeal regions". I think it would be interesting to briefly mention the role of ultrasound in the detection and characterization of neck lesions including teratomas. This is to underline the added value of ultrasound in the neck and the limitations in the head region. In this regard, I suggest the following article in which a site-specific differential diagnostic approach in the neck is also provided, which you have to cite: -Corvino A, Pignata S, Campanino MR, Corvino F, Giurazza F, Tafuri D, Pinto F, Catalano O. Thyroglossal duct cysts and site-specific differential diagnoses: imaging findings with emphasis on ultrasound assessment. *J Ultrasound*. 2020 Jun;23(2):139-149. doi: 10.1007/s40477-020-00433-2. Epub 2020 Feb 12. PMID: 32052384; PMCID: PMC7242578. Figures: good. In Figure 2, you could add a soft tissue window. It would definitely be more appropriate.