



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 72216

Title: Turner syndrome with primary myelofibrosis, cirrhosis and ovarian cystic mass: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05424290

Position: Editorial Board

Academic degree: MBBS, MD

Professional title: Academic Research, Doctor, Professor

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2021-10-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-15 12:11

Reviewer performed review: 2021-10-25 15:34

Review time: 10 Days and 3 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 Grade E: Do not publish
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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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
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SPECIFIC COMMENTS TO AUTHORS

The case report discusses Turner syndrome presenting with primary myelofibrosis. The patient also has coexistent cirrhosis and large ovarian cyst. Authors have documented the genetic mutation for PMF. The abdominal imaging clearly shows large ovarian cyst in the patient. Authors have done CT scan of abdomen. However, ultrasonography abdomen and MRI abdomen are essential to look for nature of ovarian cyst whether it is benign or malignant. The CT scan is useful for N and M staging of malignant ovarian lesion. In the present case primary myelofibrosis can also cause non-cirrhotic portal hypertension by causing splenomegaly. Therefore, unless there is transient elastography or liver fibrosis markers or liver biopsy it may be early to say that patient also has cirrhosis of liver. Authors have reported a good clinical case which is worth reporting. However few issues should be cleared.



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Title: Turner syndrome with primary myelofibrosis, cirrhosis and ovarian cystic mass: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05562720

Position: Associate Editor

Academic degree: MD, PhD

Professional title: Assistant Professor

Reviewer's Country/Territory: Mexico

Author's Country/Territory: China

Manuscript submission date: 2021-10-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-12 22:07

Reviewer performed review: 2021-11-21 01:52

Review time: 8 Days and 3 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: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The case report entitled Turner syndrome with primary myelofibrosis (PMF), cirrhosis and ovarian cystic mass: A case report” by Lin-wei Xu et al, describes the case of a 20-year-old woman diagnosed with Turner syndrome, primary myelofibrosis, cirrhosis, and an ovarian cystic mass. The case seems interesting but is lacking many details that would enhance the case presentation and discussion. While this is not the first case associated with cirrhosis and turner syndrome, the addition of PMF and an ovarian cyst mass is novel. This case describes an interesting combination of pathologies that make the case somewhat convoluted, but at the same time gives rise to a nice discussion, which unfortunately the manuscript does not contain. 1. Please provide a more detailed presentation of the case. 2. Provide a detailed laboratory data at presentation (preferably in the table format). Please be very careful with how you describe the units of each value, as it makes the case more confusing. For instance, you report the patient has a hb of 38g/dl??? You meant to say 38g/l?? or 3.8g/dl???, there is a huge difference, so please make sure this mistake is corrected. In the same regard, there is another hg value that you report using the same units. If what you described is correct, please discussed the result in the discussion section. 3. What autoantibodies was she screened for? Please report the names and values. 4. Was the patient screened for genetic disorders related to liver cirrhosis? For instance, was hemochromatosis ruled out? was she screened for Wilson’s disease? A thorough panel of genetic disorders for cirrhosis given her existing condition should be warranted. 5. Was a liver biopsy considered? If not, please explain and discussed. 6. it is well recognized that low platelet and/or red blood cell counts are observed as side effects of ruxolitinib, can the authors be more



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detailed regarding the timing of treatment and provide more detailed in the discussion about ruxolitinib. 7. I did not find any discussion regarding the gene mutations found in this patient in relation with the presentation of symptoms and other related pathologies. Even though the authors mentioned the article has been revised by an English native speaker, I did find many grammatical errors and typos thorough out the manuscript, thus the English needs to be significantly improved.