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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 73142

Title: Malignant struma ovarii with papillary carcinoma combined with retroperitoneal

lymph node metastasis: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05401900 Position: Peer Reviewer Academic degree: PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Iran

Author's Country/Territory: China

Manuscript submission date: 2021-11-14

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-14 05:08

Reviewer performed review: 2021-11-16 10:28

Review time: 2 Days and 5 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [Y] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Re-review	[]Yes [Y]No



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements

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

SPECIFIC COMMENTS TO AUTHORS

Thank you for your submission. Your manuscript was an interesting read. But the manuscript is not well organized and does not follow a clear flow. Please see the following comments about how your data could be further clarified: • The file is uploaded in the system as a track changes and it is not clear at all which text is correct and acceptable for the authors. • The text below in Figures 2 and 3 is incorrect. The images are of the abdomen and pelvis, but are written on MRI of the brain. The type of cross section (sagittal or coronal or axial) is not mentioned at all. • The most important part of this article are the pathology images, the images are shown at low magnification and the pathology parts should be shown with an arrow.



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Peer-review model: Single blind

Reviewer's code: 03735621 **Position:** Peer Reviewer

Academic degree: MD, PhD

Professional title: Staff Physician

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-11-14

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-21 02:48

Reviewer performed review: 2021-11-21 03:35

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

This is a well-described case report of malignant struma ovarii (papillary carcinoma type). This reviewer mentions only minor improvements to the diagnostic basis. #1. The possibility of papillary thyroid carcinoma metastasizing to the ovaries or lymph nodes must be excluded. As a result, the presence or absence of thyroid gland abnormalities on physical and imaging findings must be described precisely. If thyroid function blood tests have been performed, the results should also be included. #2. The term "postoperative pathological biopsy" is incorrect and should be replaced with the phrase "surgically resected specimen." #3. Gross photographs of the ovarian tumor should be presented to clalify the relation between the ovary, the fallopian tube, and the tumor. The term "adnexa of the ovary" may be more appropriate than "MSO of the #4. Teratoma and/or carcinoid components are known to be associated with struma ovarii. A description of whether the presence of those components was confirmed histologically would be helpful. #5. TG should be spelled out in the section on immunostaining. #6. If PAX8 immunostaining was performed, the results should be included. A microphotograph should be included if the specimen is positive for TTF-1. #7. Nuclear features of tumor cells are critical for diagnosing papillary-type carcinoma. Nuclear findings should be clearly described and accompanied by a high magnification photograph to enable the reader to confirm the nuclear findings. #8. A number of cases of malignant struma ovariiof the papillary carcinoma type have been reported. If possible, the description could emphasize the case's novelty and clinical significance, making this case report more appealing.



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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06045450 Position: Peer Reviewer Academic degree: MD

Professional title: Assistant Professor

Reviewer's Country/Territory: Iran

Author's Country/Territory: China

Manuscript submission date: 2021-11-14

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-25 12:22

Reviewer performed review: 2021-11-25 12:34

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Re-review	[Y]Yes []No



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements

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

SPECIFIC COMMENTS TO AUTHORS

There is a need for native language correction, It is not mentioned in the type of surgery that pelvic lymphatic dissection was also performed, and if so, what was the lymph node pathology response?