

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 73440

Title: Solitary plasmacytoma of the left rib misdiagnosed as angina pectoris: A case

report and literature review

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06220451 Position: Peer Reviewer Academic degree: MSc

Professional title: Academic Research, Lecturer, Teacher

Reviewer's Country/Territory: Iraq Author's Country/Territory: China

Manuscript submission date: 2021-11-22

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-22 14:30

Reviewer performed review: 2021-11-22 15:54

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Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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	[Y] Grade A: Priority publishing [] 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



Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

I find this case very interesting. But the conclusion need to revise



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Peer-review model: Single blind

Reviewer's code: 05315303 Position: Peer Reviewer Academic degree: MD

Professional title: Associate Professor, Doctor

Reviewer's Country/Territory: South Korea

Author's Country/Territory: China

Manuscript submission date: 2021-11-22

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-22 04:49

Reviewer performed review: 2021-11-24 06:34

Review time: 2 Days and 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Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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	[Y] Grade A: Priority publishing [] 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

I am grateful to be able to review this rare case report. 1. During the diagnosis of this case patient, rib tumor was found on chest CT imaging, because CAG did not significant change. It is thought that the location of the tumor on chest CT was covered by the heart and diaphragm so that it was not observed in a simple chest xray. Commenting on this or attaching initial chest radiography would explain the situation in which the rib tumor was difficult due to the misdiagnosis of angina in the early stage, so it would be better to describe it further. 2. In the case of the patient, chemoTx was administered after surgery, and chemoTx was discontinued due to side effects. If chemoTx was difficult due to side effects, why was adjuvant radiotherapy not performed? 3. Conclusion: If SP is in the left rib, it is recommended to make differential diagnosis of cardiovascular diseases before surgery. -> I think this conclusion is considered too jumpy logic. This patient was initially diagnosed as angina pectoris. Preoperative cardiac function assessment for general anesthesia and surgical preparation in elderly patients makes sense. However, I do not understand why it is necessary to exclude heart disease in all patients with tumors in the left rib.



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Peer-review model: Single blind

Reviewer's code: 02446694 Position: Editorial Board

Academic degree: FACC, FACP, FAHA, FESC, MD, PhD

Professional title: Director

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-11-22

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-22 20:25

Reviewer performed review: 2021-11-29 20:51

Review time: 7 Days

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 [Y] Grade B: Minor language polishing [] 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

I have a case of solitary plasmacytoma that was misdiagnosed as angina pectoris, and I would like you to correct or add the following points. #1 The nature of the chest pain (OPQRST: Onset. Palliative/Provocative. Quality/Quantity. Region, Radiation. Severity. Time course) is important in the diagnosis of angina pectoris. In this case, the nature of the important chest symptoms was not described. Please describe it. Similarly, on CT, the tumor is located below the left axillary midline. Were there any findings of exacerbation of chest pain with deep breathing or tenderness? From the title, it is important to differentiate from angina pectoris, and please discuss the differentiation a little more in the discussion. #2 Please present the findings of the coronary angiography. There were some stenotic lesions, and also nitroglycerin seems to some effective. Is was possible that this case had concurrent angina pectoris? #3 The authors gave a summary of previous reports in the discussion, but some of the means, standard deviations, and values are given to two decimal places. These were not clinically meaningful and should be presented in the appropriate small number.



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Peer-review model: Single blind

Reviewer's code: 02446627 Position: Editorial Board

Academic degree: FACP, MD, MPhil

Professional title: Full Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2021-11-22

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-24 03:24

Reviewer performed review: 2021-12-05 23:16

Review time: 11 Days and 19 Hours

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 [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

Nice case but needs grammatical correction. The figures should come in sequence. IB is after 4, 2A & 2B is after 3 nd 4 Figure 2 is blurry and of poor resolution Needs arrow to point the findings in figure 2-4