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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 73981

Title: Suprasellar cistern tuberculoma presenting as unilateral ocular motility disorder

and ptosis: A case report and literature review

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03210368 Position: Peer Reviewer Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: China

Manuscript submission date: 2021-12-10

Reviewer chosen by: AI Technique

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

Reviewer performed review: 2021-12-12 13:30

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Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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

This is an interesting case report about a condition that can be perplexing to clinicians. Authors reported a unique case of isolated tuberculoma in the suprasellar cistern with right ocular motility disorder and upper eyelid ptosis as the main symptom. I have some comments as below: 1)In the history of present illness section, the author should mention whether the patient had other tuberculosis symptoms, such as fatigue, night sweat and so on. In the physical examination section, tuberculosis signs of lung and abdomen should be mentioned, even if the patient didn't present. 2)Has the patient been vaccinated with BCG? 3)The author should add more detailed laboratory results, such as PPD test, immune function, and examinations associated with tuberculosis. In addition, the detail information of cerebrospinal fluid should be illustrated, such as the glucose, protein and cells, etc. 4)In the outcome and follow-up section, the author should provide more information about the symptom relief after the operation, including the time and degree. 5)In the discussion section, the possible etiology or pathogenesis of tuberculoma in this patient should be discussed, which may be of interest for readers.



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Reviewer's code: 00738726 Position: Editorial Board Academic degree: MD

Professional title: Assistant Professor

Reviewer's Country/Territory: Iran

Author's Country/Territory: China

Manuscript submission date: 2021-12-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-31 06:26

Reviewer performed review: 2022-01-09 19:58

Review time: 9 Days and 13 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: [] Anonymous [Y] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

Thank you for your interesting case. The paper has been written well. thoughts reviewing your case: *Physical examination: The authors are recommended to use "right third cranial nerve palsy with restrictions of eye movements and ptosis" instead of "restriction of inward, downward and upward movement of the right eye." How about Marcus Gann reflex? Was there any positive Marcus Gann reflex in eye exam? *Laboratory examinations: Please also provide the results of ESR and Quantitative CRP. Did you also do a PPD test? *Further diagnostic work-up: What was the rationale to do lumbar puncture for a suprasellar mass? *Imaging examinations: As

the CT and MRI show a calcified tumor extending toward right internal carotid artery

and cavernous sinus, why did you decide not to do brain CT angiography before the surgery? Also, the "Final Diagnosis" should appear after "Treatment" section.