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## PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 76449

Title: Two cases of malignant melanotic nerve sheath tumors in the spinal canal:

Psammomatous and non-psammomatous type

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05852316 Position: Peer Reviewer Academic degree: MD

**Professional title:** Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

Manuscript submission date: 2022-03-21

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-05 02:08

Reviewer performed review: 2022-04-14 00:06

**Review time:** 8 Days and 21 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Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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

Thank providing two good cases report. The two MMNSTs reported here had rare intradural locations and showed various characteristics of relatively common tumors that could have an intradural location such as meningioma, schwannoma, melanoma, an angioma. These cases highlights the importance of considering these rare entities when there are some characteristic imaging findings such as presence of intra-lesional T1-hyperintensity or calcification in the intradural spinal tumors. 1. Spinal MMNSTs are rare entities. Theirs pathological diagnosis should be combined with history, histopathological characteristics, immunohistochemistry and ultrastructure analysis: it is very important to distinguish it from malignant melanoma, melanotic peripheral nerve sheath tumor and synovial sarcoma. Pathological morphology of ultrastructure is the most important evidence for the diagnosis. More immunohistochemical indicators should be provided, such as GFAP, CD34, Ki-67, HMB45, MBP, Vim Melan-A and CK.etc. 2.It is suggested to add some differential diagnosis, such as Biphasic synovial sarcoma, Melanoma neurilemmoma etc



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Reviewer's code: 05247020 Position: Peer Reviewer Academic degree: PhD

**Professional title:** Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

Manuscript submission date: 2022-03-21

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-04-29 09:15

Reviewer performed review: 2022-05-04 09:50

**Review time:** 5 Days

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) [ ] Minor revision [ Y] Major revision [ ] Rejection
Re-review	[ ]Yes [Y]No



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statements

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

## SPECIFIC COMMENTS TO AUTHORS

The authors submitted a manuscript presenting two cases of malignant melanotic nerve sheath tumors with or without psammomatous bodies. Malignant melanotic nerve sheath tumor is an exceedingly rare and aggressive neoplasm of Schwann cells origin that has seldom been described in the cytopathology literature. Awareness of this entity and its clinical presentation, along with a critical understanding of its molecular findings and that of imitators, is crucial in achieving an accurate diagnosis. There are a number of issues that need to be noted. Since the case report is written for rare cases or cases with special significance, the symptoms, signs, examination results, and treatment methods with special significance should be described in detail to highlight the key points. The Discussion section is somewhat repetitive from the previous part of the manuscript. The Discussion section should discuss the existing theoretical and research findings, which should converge to the main reasons that raised doubts in the case and the most significant challenges. Finally, the case is linked to the literature to illustrate the message conveyed by the case. The authors need to clarify whether the case is the same as the current knowledge on the issue and what the value and contribution of the evidence from this case is to future clinical practice. Some keywords are not appropriate. The English needs to be improved to a certain extent. There are some errors in grammar and format in the whole manuscript: inconsistencies; spelling mistakes; single and plural expressions; the use of prepositions and definite/indefinite articles. The typography of Figure 2 is confusing.