

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 76860

Title: Malignant transformation of biliary adenofibroma combined with benign lymphadenopathy mimicking advanced liver carcinoma: a case report and review of literature

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06136197

Position: Peer Reviewer

Academic degree: BSc, RN

Professional title: Academic Research, BSN, Chief Nurse, Nurse, Researcher

Reviewer's Country/Territory: Iraq

Author's Country/Territory: China

Manuscript submission date: 2022-04-14

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-14 15:35

Reviewer performed review: 2022-04-22 11:06

Review time: 7 Days and 19 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 Grade E: Do not publish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 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



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Re-review	[<input checked="" type="checkbox"/>] Yes [<input type="checkbox"/>] No
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

SPECIFIC COMMENTS TO AUTHORS

I want to congratulate authors for writing this case report, generally the manuscript is well written and the following comments should be addressed in the next revision

1. Ethical approval institute name and number obtained should be provided in the next revision?
2. The introduction part is very short, the authors should write at least two other paragraphs.
3. In the case presentation section, authors should write a surgical technique and anesthesia drugs, doses, were used during the operation.
4. The informed consent should be provided in English language.
5. minor revision to language.
6. The images well organized, but authors should provide more images related surgical technique or in operation.
7. authors should write a limitation in one paragraph.
8. references are generally good

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04898871

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Surgeon, Surgical Oncologist

Reviewer's Country/Territory: Spain

Author's Country/Territory: China

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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
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

SPECIFIC COMMENTS TO AUTHORS

Firstly, I would like to congratulate you by the high quality of the submitted paper. The information provided is very interesting to better understand a rare condition. Maybe I would like you to develop more deeply some aspects in your paper. In the following sections, aspects I consider modifiable or revisable of the submitted manuscript will be highlighted. Related to the TITTLE, I think it could be better to change from “comorbid with benign” to “associated with” or any similar expression because finally in the clinical case the lymphadenopathy was not important and considerable as a comorbidity. In the ABSTRACT, the last sentence “Our experience supports the view that curative resection should be considered the primary treatment for BAFs with malignant transformation, leading to a favorable prognosis” must be modified. Their experience is only a clinical case, maybe considerable as an anecdote. It would be better a spelling like this: “our clinical case and the previously published experience, reinforce that curative resection should be considered the primary treatment for BAFs with malignant transformation, leading to a favourable prognosis”. In the INTRODUCTION section, we can mention: • In the line 34 I suggest adding “benign” before lymphadenopathy. Talking about the CASE PRESENTATION: • Line 41. I suggest “on the initial evaluation...”. • Line 42: The previously performed cholecystectomy was open or laparoscopic surgery? • the authors speak about the A and B solutions, but they have not been presented previously. What are their composition? • In line 45 authors talk about hospitalization. But they have described “Physical examination revealed mild epigastric tenderness that was otherwise unremarkable” and very few symptomatology.

Why was the patient admitted in hospital? Couldn't the investigations been done in an outpatient system? Is their usual practice? In other settings if the patient is well and the investigations could be scheduled fast the patients are not admitted to hospital. • Line 53: VII and VIII are not hepatic sections but hepatic segments. Sections include some segments, but segments VII and VIII are not included in the same section. • Line 56-63: imaging studies suggest hepatocellular carcinoma or intrahepatic cholangiocarcinoma. Authors must explain better the reason than conducted them to perform the core needle biopsy that was fundamental to the correct management of the patient. Moreover, they explain later (discussion) that the biopsy could not be done prior to systemic treatment. This could be true for hepatocellular carcinoma; in high-risk patients and with high suspicion in imaging studies this is true. But the patient has not high-risk features and the imaging reports suggested two different options. The biopsy seems to be mandatory in this clinical case. Authors must explain better why they decided to perform it and in the discussion it is hard to defend that it could not be done based on imaging and clinical features. • Line 70: I suggest to add: "... lymph node EXCISIONAL biopsy...". • Lines 73-76: the surgery must be described. Was it open or laparoscopic surgery? If open, what was the surgical incision? Was a wedge resection, atypical resection or a bisegmentectomy? Was a Pringle manoeuvre applied? Surgery duration? Estimated blood lost? In the literature (table 2) the majority of patients received extended surgeries... The same must be applied to mediastinal surgery (time, approach, etc.) • Line 77: there were any postoperative complications? If affirmative, Which treatments complications needed? And Clavien-Dindo classification. A postoperative stay of 11 days seems to be very long if no complications appeared... • Line 89: what is the periodicity of the follow-up CT-scans performed and recommended in the literature? How many years of follow-up are needed? In the DISCUSSION AND CONCLUSION SECTION: • Lines 118-120: the commented before issue about the necessity or not of

histologic studies to start systemic treatment, valid for hepatocellular carcinoma but not for cholangiocarcinoma. • Line 135: in their case the biopsy is fundamental to diagnosis and to guide the management. Newly I would like to congratulate authors for their work. Keep working in reporting your rare clinical cases such as this one.