



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 79397

Title: Malignant Transformation of Perianal Tailgut Cyst: A Case Report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03475479

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-08-19

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-19 23:05

Reviewer performed review: 2022-08-20 13:58

Review time: 14 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" 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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

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

SPECIFIC COMMENTS TO AUTHORS

Authors showed a case with malignant transformation of perianal tailgut cyst. The case was relatively rare, and the clinical course was interesting. In Table 1, chemotherapy was not shown. It should be corrected. Furthermore, authors should add the cases shown in Table 1 to references. Chemotherapy performed in present case and its clinical course should be described. English should be corrected, and native speakers check was required.



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Peer-review model: Single blind

Reviewer's code: 01588784

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor, Surgeon

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-08-19

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-20 09:52

Reviewer performed review: 2022-08-22 12:08

Review time: 2 Days and 2 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
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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors reported a surgical case of mucinous adenocarcinoma arising from a persistent tailgut cyst which had been misdiagnosed as perianal abscess. The manuscript is easy to read and understand, and the images provided are well visualized. The followings are major concerns to be addressed. 1. Case presentation, line 77: A hip mass persisting over 70 years in 72-year-old female strongly suggest the presence of congenital disease. Could it be added to the discussion? 2. Case presentation, line 88-91: The biopsy was taken in this case for diagnostic reason, however it may be contradictory to the authors' recommendation not to perform biopsy because of the possible insufficient materials for diagnosis (Discussion, line 133-136). 3. Case presentation, line 99: What type of "carbohydrate antigen" increased? CA72-4, CA19-9 or CA125, etc.?? 4. Case presentation, line 101-108: Please add the information about the intra- and postoperative data (operative time, estimated blood loss, postoperative complication, and length of hospital stay, etc.). 5. Case presentation, line 111-112: Does "tumor at 0.2cm away from the resection margin" mean "positive resection margin"?? 6. Case presentation, line 116-117: "A small cyst under the levator ani" was considered as recurrence? The sentence in the discussion (line 157-160) strongly suggests the diagnosis of recurrence and therefore the patient underwent postoperative salvage chemotherapy. Furthermore, the final sentence in Core tip must be modified accordingly. 7. Discussion, line 126-128: Does it mean that repeated incision and drainage from tailgut cyst cause malignant transformation? Is it true? 8. Discussion, line 159-160: The data on CA72-4 and Ki-67 should be described in the Case presentation section.



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Peer-review model: Single blind

Reviewer's code: 05260389

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor, Surgeon

Reviewer's Country/Territory: Brazil

Author's Country/Territory: China

Manuscript submission date: 2022-08-19

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-19 15:05

Reviewer performed review: 2022-08-23 01:12

Review time: 3 Days and 10 Hours

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
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SPECIFIC COMMENTS TO AUTHORS

Article addresses a rare and interesting case. Although a little revision of the English is necessary, it is easy to understand and well explained. There are no comment about "carbohydrate antigen" in the case presentation section, needs to be correct. Just CA 72.4 has increased? Can you better explain the surgical procedure, technique or anatomical limits? Margin was compromised? The sentence of "The tumor was grossly localized at 0.2 cm away from the resection margin" was ambiguous (it was R2 resection?) and did not mention the microscope. I recommend publishing after these small adjustments.



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Peer-review model: Single blind

Reviewer's code: 06347759

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: China

Manuscript submission date: 2022-08-19

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-19 12:32

Reviewer performed review: 2022-08-28 16:02

Review time: 9 Days and 3 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
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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Tailgut cysts are developmental congenital enterogenous cysts that mostly occur in the retrorectal or presacral space. Malignancy infrequently occurs in presacral tailgut cysts, with a rate of less than 8%. However, the paper report a case of malignant transformation after the perianal tailgut cyst was misdiagnosed as a perianal abscess, in which total resection was performed and postoperative chemotherapy was added. Therefore, it is a rare case and worthy of publication in this journal.



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Peer-review model: Single blind

Reviewer's code: 06250974

Position: Peer Reviewer

Academic degree: MD

Professional title: Assistant Professor, Doctor, Instructor, Staff Physician, Teacher

Reviewer's Country/Territory: Thailand

Author's Country/Territory: China

Manuscript submission date: 2022-08-19

Reviewer chosen by: AI Technique

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Reviewer performed review: 2022-08-29 05:30

Review time: 9 Days and 2 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
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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thank you for the opportunity to review this work. -1 Title. Does the title reflect the main subject/hypothesis of the manuscript? -Yes -2 Abstract. Does the abstract summarize and reflect the work described in the manuscript? -Yes -3 Key words. Do the key words reflect the focus of the manuscript? -Maybe. However, those keywords could not be found in the Medical Subject Headings (MeSH) (available from <https://meshb.nlm.nih.gov>): "Tailgut cyst; Perianal cyst; Congenital enterogenous cyst; Malignant transformation; Postoperative chemotherapy" Changing to the appropriate terms might be suitable. -4 Background. Does the manuscript adequately describe the background, present status and significance of the study? -Yes -5 Methods. -Not applicable. -6 Results. -There were good results. -7 Discussion. Does the manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly and logically? -Yes -8 Illustrations and tables. Are the figures, diagrams and tables sufficient, good quality and appropriately illustrative of the paper contents? -In Table 1, please arrange the row by the alphabet of the first author. -9 Biostatistics. Does the manuscript meet the requirements of biostatistics? -Not applicable. -10 Units. Does the manuscript meet the requirements of use of SI units? -Yes -11 References. Does the manuscript cite appropriately the latest, important and authoritative references in the introduction and discussion sections? -Yes -12 Quality of manuscript organization and presentation. Is the manuscript well, concisely and coherently organized and presented? -Yes -13 Research methods and reporting. Did the author prepare the manuscript according to the appropriate research methods and reporting? -The CARE checklist mentions the "strengths and limitations in your approach to this case." Therefore, please state the limitations of the approach to this case



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in the manuscript in the discussion section. -14 Ethics statements. -Yes



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor, Surgeon

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-08-19

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2022-09-19 11:11

Reviewer performed review: 2022-09-20 23:58

Review time: 1 Day and 12 Hours

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 checked="" type="checkbox"/> Grade A: Priority publishing <input 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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
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



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SPECIFIC COMMENTS TO AUTHORS

Appropriate corrections have been made by the authors.