

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastroenterology*

**Manuscript NO:** 84213

**Title:** Value of contrast-enhanced ultrasound in deep angiomyxoma using a biplane transrectal probe: A case report

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05465429

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor, Staff Physician

**Reviewer's Country/Territory:** Italy

**Author's Country/Territory:** China

**Manuscript submission date:** 2023-03-02

**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-04-15 11:13

**Reviewer performed review:** 2023-04-16 17:42

**Review time:** 1 Day and 6 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 Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	[ <b>Y</b> ] Grade A: Excellent    [   ] Grade B: Good    [   ] Grade C: Fair [   ] Grade D: No scientific significance
<b>Language quality</b>	[ <b>Y</b> ] Grade A: Priority publishing    [   ] Grade B: Minor language polishing    [   ] Grade C: A great deal of language polishing    [   ] Grade D: Rejection
<b>Conclusion</b>	[   ] Accept (High priority)    [   ] Accept (General priority) [ <b>Y</b> ] Minor revision    [   ] Major revision    [   ] Rejection
<b>Re-review</b>	[ <b>Y</b> ] Yes    [   ] No
<b>Peer-reviewer statements</b>	Peer-Review: [ <b>Y</b> ] Anonymous    [   ] Onymous
	Conflicts-of-Interest: [   ] Yes    [ <b>Y</b> ] No

## SPECIFIC COMMENTS TO AUTHORS

Dear Editor, Dear Author, I read with great interest the manuscript entitled "Value of contrast-enhanced ultrasound in aggressive angiomyxoma using a biplane transrectal probe: A case report and literature review" by Zhang Q et al. This was a case report firstly reporting the usefulness of transrectal CEUS in the diagnosis of aggressive angiomyxoma. A comprehensive review regarding the role of US in its diagnosis has been also performed by the authors. I consider the manuscript well written and relevant for the research context. I have the following minor comment only: 1. The potential role of CE-EUS and EUS-guided FNB in the diagnosis of AAM should be mentioned in the discussion section.

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**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 03905597

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** China

**Manuscript submission date:** 2023-03-02

**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-04-27 14:04

**Reviewer performed review:** 2023-05-02 15:25

**Review time:** 5 Days and 1 Hour

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
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	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

This case report is well organized, and provides an important step toward better understanding the role of ultrasound in diagnosing aggressive angiomyxoma. However, it contains many problems, and is not acceptable for publication in the present form.

**Major points** Please compare strictly between macroscopic and sonographic findings (sonographic layered appearance corresponding “cystic layers” and “solid layers” overlapping each other?). In my opinion, the hypoechoic layer may represent condensation of collagen fibers, not fluid collection. This sonographic confirmation is very important. Although, the findings of each imaging modality are somewhat expected and in keeping with already known results described in previous reports, the most important aspect of this case report is the confirmation that transrectal high-frequency US is very sensitive for detecting characteristic histologic structure of AAM.

**Minor points** 1) English: To be revised. 2) Title: please add “deep” (aggressive (deep) angiomyxoma) or simply (deep angiomyxoma). According to WHO classification of tumors (5th edition), the terminology has changed recently from “aggressive angiomyxoma” to “deep angiomyxoma”. 3) Keywords: inappropriate. At least, please



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replace “imaging”, and “case report” by some appropriate ones. 4) Discussion: Please mention briefly histologic appearance general tendency of AAM. 5) Figure 2: Please indicate “rectum wall” by curved arrows. Although, “demarcation from the rectal wall” that the authors describe in this case report is not well-recognized on the provided figure 2, perhaps, this finding may better seen with real-time US.