

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Oncology*

**Manuscript NO:** 85839

**Title:** A Rare Case Report of Splenic Lymphangioma Masquerading as Splenic Abscess  
Managed By Laparoscopic Splenectomy

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

**Peer-review model:** Single blind

**Reviewer's code:** 03537089

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Academic Editor, Doctor, Professor, Surgeon

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

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

**Manuscript submission date:** 2023-05-26

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

**Reviewer accepted review:** 2023-06-30 17:29

**Reviewer performed review:** 2023-07-01 09:12

**Review time:** 15 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 Grade E: Do not publish
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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" 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

Case report needs minor corrections regarding grammar and alignment - Where is the list of abbreviations? - Abstract is good but needs some shortage and alignment.

Introduction is good TIMELINE should be written inside case presentation section -

Case presentation need language and grammar corrections, shortage and more alignment. - Discussion needs correction regarding shortage, more alignment, language correction - Where is Conclusion? - The study needs major revision

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**Reviewer's code:** 05569322

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Doctor, Surgeon, Surgical Oncologist

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

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

**Manuscript submission date:** 2023-05-26

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

**Reviewer accepted review:** 2023-06-28 06:42

**Reviewer performed review:** 2023-07-02 02:55

**Review time:** 3 Days and 20 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

#### SPECIFIC COMMENTS TO AUTHORS

It is a rare case. As the lesion is located at superior pole region of the spleen, if partial resection can be performed to treat it, the effect would be better!

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**Reviewer's code:** 03821481

**Position:** Peer Reviewer

**Academic degree:** MD, MSc

**Professional title:** Attending Doctor, Instructor, Surgeon

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

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

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

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**Reviewer performed review:** 2023-07-05 16:31

**Review time:** 4 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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## SPECIFIC COMMENTS TO AUTHORS

Dear author, Thank you for your manuscript, it is a case report of an uncommon entity in the adult population. On the subject of your clinical case I have some questions: - Regarding your initial management, what was your diagnostic workup / treatment in a suspected splenic abscess? Did you look for causes of common hematogeneous seeding? What was the result of blood cultures? Which antibiotic was started? Splenic abscess in a young patient should prompt a careful infectious screening. - If the patient was first seen in the outpatient clinic and admitted only for surgery, did you treat a possible splenic abscess in an ambulatory setting? - What was the patient and surgeons' positioning for laparoscopic splenectomy? How did you remove the spleen - through a Pfannenstiel / median incision? Do you leave drains routinely? - If the pathology report of the splenic lesion was only a lymphangioma, what was the cause for the patient's 3 month fever? - Does your center have any protocol for post-splenectomy infection prevention? - Retrospectively what would you change in your diagnostic workup? - What were your key problems and in what way can this case help you manage future patients? Keep in mind that although lymphangioma was your final



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diagnosis, splenic abscess was your initial suspicion and you should present your clinical rationale accordingly. Consider using SCARE guidelines and checklist (surgical case report). Most of your references are case reports and the most recent was published in 2020. Please try to add up-to-date references with a higher level of evidence (even if case series); for example - Yocum BP, Hwang M, Mesa H, Collins K. Differential Diagnosis of Cystic Lesions of the Spleen: A Review of Clinical, Imaging and Pathological Findings. *Int J Surg Pathol.* 2023 Aug;31(5):498-508. doi: 10.1177/10668969221107080; Kim N, Auerbach A, Manning MA. Algorithmic Approach to the Splenic Lesion Based on Radiologic-Pathologic Correlation. *Radiographics.* 2022 May-Jun;42(3):683-701. doi: 10.1148/rg.210071;Efared B, Bako ABA, Younssa H, Boubacar I, Zabeirou A, Koura HH, Boureima HS, Amadou S, Coulibaly IS, Lassey JD, Nouhou H. Splenic lymphangiomas as a common indication for splenectomy: a case series with literature review. *BMC Surg.* 2022 Dec 29;22(1):446. doi: 10.1186/s12893-022-01898-0.)