

ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Surgery

ESPS Manuscript NO: 4923

Title: Hematogenous umbilical metastasis from colon cancer treated by palliative single-incision laparoscopic surgery.

Reviewer code: 02579194

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-08-07 15:30

Date reviewed: 2013-08-08 22:15

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Hori T and colleagues describe the case of an 83-year-old woman presenting an umbilical mass compatible with the well described Sister's Mary Joseph Sign. Diagnostic work-out revealed an advanced transverse colon cancer associated with right inguinal lymph nodes, and primary left lung cancer. Authors focused their report on: - the local resection of the umbilical tumor and subsequent single-site laparoscopic surgery - Indocyanine green injection into the paraumbilical portion in order to find out the main route of dissemination towards the umbilicus - A supposed haematogenic pathway for the umbilical lesion since "The peritoneum of the umbilicus showed normal findings" and "the lymph nodes of the mesocolon near the primary colon cancer were positive for metastasis, the drainage lymph nodes from the SMJN, which were detected by ICG, were all negative" Concerning these above mentioned points I have some critics: First:concerning the use of single-site laparoscopic surgery after umbilical mass resection. It seems CLEVER, and the same could be envisageable for umbilical hernias however this topic has not been well discussed (how the abdominal wall has been closed? Is there any place for synthetic or biological mesh after abdominal wall resection associated with GI procedures? The interest and the place of SILS in colorectal surgery can be better developed. Second:concerning the use of Indocyanine green injection into the paraumbilical portion in order to find out the main route of dissemination towards the umbilicus Although it is soundy, sentinel lymph node (which is pretty the same) is not considered to be reliable abdominal for abdominal or back lesions since there isn't a single route of dissemination. It should be commented. Also, if it is one of the mains points of the article, the anatomy of umbilical lymphatic drainage can be described or at least briefly cited. In my point of view it could be included in the



Baishideng Publishing Group Co., Limited

Flat C, 23/F., Lucky Plaza,
315-321 Lockhart Road,
Wan Chai, Hong Kong, China

discussion. Anyway, it seems difficult to establish the haematogenic route (and I am not sure it has any interest itself) Third: The article is very long for a case-report. Some picture did not bring anything for the article and should be suppressed. Also, there are too many references. Finally, a case-report must have ONE single straightforward message. interesting discussion, has many useless pictures and a lot of references.

ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Surgery

ESPS Manuscript NO: 4923

Title: Hematogenous umbilical metastasis from colon cancer treated by palliative single-incision laparoscopic surgery.

Reviewer code: 02584809

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-08-07 15:30

Date reviewed: 2013-08-09 11:03

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

1. Could you mention what Single Access Port was used? 2. Was the urachal tract/remnant taken during the umbilical mass excision? 3. Could the authors make a general recommendation of the advantages and disadvantages of single incision laparoscopy in cases of malignancy