

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 13267

**Title:** Lymphoepithelioma-like Cholangiocarcinoma: A Mimic of Hepatocellular Carcinoma on Imaging Features

**Reviewer code:** 02521203

**Science editor:** Yuan Qi

**Date sent for review:** 2014-08-14 18:56

**Date reviewed:** 2014-08-15 03:36

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 type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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 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"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

1) The manuscript should be reformatted according the style requirement of WJG. 2) The manuscript is well written, the clinical characteristics are carefully observed and interpreted, however, images from a single case were presented in the paper, the authors have made an important suggestions of imaging pattern of lymphoepithelioma-like cholangiocarcinoma mimics that of hepatocellular carcinoma (HCC). Again, because it's a single case, the conclusion should be carefully drawn.

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

**ESPS manuscript NO:** 13267

**Title:** Lymphoepithelioma-like Cholangiocarcinoma: A Mimic of Hepatocellular Carcinoma on Imaging Features

**Reviewer code:** 02861016

**Science editor:** Yuan Qi

**Date sent for review:** 2014-08-14 18:56

**Date reviewed:** 2014-08-20 00:28

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 type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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 type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

Comments to authors: In this study, Liu et al address that lymphoepithelioma-like carcinoma in the liver is extremely rare. You describe a rare case of a 35-year-old female, who was a hepatitis B carrier diagnosed with lymphoepithelioma-like cholangiocarcinoma of the liver. The tumor was positive for Epstein-Barr virus-encoded RNA in situ hybridization. Finally, lymphoepithelioma-like cholangiocarcinoma was diagnosed. You system reviewed 13 cases of lymphoepithelioma-like cholangiocarcinoma in the literature. Comment: Although the study is of potential interest and relevance, there is space for improvement. In particular, as presented the study looks good. 1. Lymphoepithelioma-like carcinoma (LELC) is a rare case and you have a good system review. 2. There is minor language polishing.

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

**ESPS manuscript NO:** 13267

**Title:** Lymphoepithelioma-like Cholangiocarcinoma: A Mimic of Hepatocellular Carcinoma on Imaging Features

**Reviewer code:** 02860705

**Science editor:** Yuan Qi

**Date sent for review:** 2014-08-14 18:56

**Date reviewed:** 2014-08-15 21:35

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"/> Existing	<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 checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

The clinical case reported is Well described but according my opinion The lelcl is not Well described in general: more dettails about The rare disease result appreciable.

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

**ESPS manuscript NO:** 13267

**Title:** Lymphoepithelioma-like Cholangiocarcinoma: A Mimic of Hepatocellular Carcinoma on Imaging Features

**Reviewer code:** 02860712

**Science editor:** Yuan Qi

**Date sent for review:** 2014-08-14 18:56

**Date reviewed:** 2014-08-19 00:14

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"/> Existing	<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	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

This paper describes the radiological features in a case of lymphoepithelioma like cholangiocarcinoma. I report herein my comments. a) INTRODUCTION. Lymphoepithelioma like cholangiocarcinoma (LELC) is a rare tumor (around 15 cases, all from Far East, have been reported so far). For this reason, a more detailed description of the biomolecular and clinical features of this tumor should be of interest for an audience of clinical hepatologists: The Authors should refer to a recent paper, which addresses these issues. (Chan AW Histopathology 2014). b) CASE PRESENTATION. The Authors state that the lesion did not meet the criteria for diagnosing HCC according to AASLD Practice Guidelines. It should be clarified why these criteria are not met. The CT portal and late phases are not described. c) CASE PRESENTATION. Why does the description of the sonographic examination come after the CT and MRI findings? By the way, (although it is not an AASLD criterium) did the patient have a CEUS examination? CASE PRESENTATION : “..... The tumor cells were diffusely positive for CK.....” Which CKs? CASE PRESENTATION: Which was the histological diagnosis of the surrounding tissue? d) DISCUSSION: The enhancement of the CT arterial phase is weaker than that observed in the corresponding MRI phase. Can you comment on this finding? Given the discrepancies between the arterial phases of CT and MRI (no further comparison is offered), which are the clinical implications of this report? (should a fine needle biopsy be advised before surgery? Is a FDG-PET



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scan of help in this context? ).