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Wan Chai, Hong Kong, China

ESPS Peer-review Report

Name of Journal: World Journal of Radiology

ESPS Manuscript NO: 6201

Title: Unilateral Asymptomatic Adrenal metastasis from Differentiated Follicular carcinoma of Thyroid Documented on 131I Post-therapy scan: a Case based Discussion and Review of Literature

Reviewer code: 01920009

Science editor: Wen, Ling-Ling

Date sent for review: 2013-10-09 08:41

Date reviewed: 2013-11-17 19:05

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"/> 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 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"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Adrenal metastases from differentiated thyroid cancers (DTC) are exceptional. Very interesting case on a unilateral adrenal metastasis from a follicular DTC detected after a post-therapy 131-I scan. Some comments should be addressed by the authors: 1- Adrenal metastasis confirmation: 131-I uptake in the sternum and the left adrenal gland was confirmed on SPECT and PET/CT. Fine needle aspiration cytology (FNAC) of the sternum confirmed a metastasis from follicular differentiated thyroid cancer (DTC). However, the authors did not confirm the diagnosis of adrenal metastasis from a follicular DTC by histology after FNA biopsy or after adrenalectomy. This point should be discussed. 2- Missing references: add the following reference in the discussion and the references. The number of documented case reports with adrenal metastases should be re-calculated. a- Thyroid. 2013 Sep 10. Papillary Thyroid Cancer with Bilateral Adrenal Metastases. Batawil N. b- Endocr Relat Cancer. 2011 Aug 30;18(5):R165-74. Rare metastases of differentiated thyroid carcinoma: pictorial review. Song HJ, Xue YL, Xu YH, Qiu ZL, Luo QY. c- Hell J Nucl Med. 2011 Jan-Apr;14(1):56-9. Brain metastases with exceptional features from papillary thyroid carcinoma: report of three cases. Xu YH, Song HJ, Qiu ZL, Luo QY. d- Clin Nucl Med. 2010 Sep;35(9):731-6. Unusual case of adrenal and renal metastases from papillary carcinoma of thyroid. Malhotra G, Upadhye TS, Sridhar E, Asopa RV, Garde PS, Gawde S, Rangarajan V. e- Ann Endocrinol (Paris). 2006 Sep;67(4):364-7. French. [Adrenal metastasis of a papillary thyroid cancer]. A?ssaoui R, Turki Z, Achiche A, Balti MH, Ben Slama C, Zbiba M. f- Intern Med. 2008;47(24):2165-8. Adrenal metastasis from a primary papillary thyroid carcinoma. Wagenaar N, Oosterhuis JW, Rozendaal L, Comans E, Simsek S. 3- SPECT/CT: add in the following sentence: " Hence, in the presence of positive post



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therapy radio-iodine concentration scan with focal radio-iodine concentration in the abdomen ... needs to be effectively excluded by anatomical imaging (USG/CT/MRI) or SPECT/CT hybrid imaging". 4- Correct: " A 55 year old female patient presented ... and a sternal mass". 5- Correct: " All such suspicious lesions should be further evaluated with clinicoradiological correlation by other imaging modalities". 6- Correct: "In addition to demonstrating an atypical site ... which could aid in detecting metastatic lesions that are not characterized or identified on initial evaluation". 7- Figure 1: add the arrows on the neck uptake and the ¹³¹I avid sternal metastasis. 8- Figure 3: add a figure (Figure 3c) with the 3-slice SPECT display (transaxials, sagittals, coronals) focused on the left adrenal metastasis. 9- Ref.5 not available on PubMed/Google.



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Title: Unilateral Asymptomatic Adrenal metastasis from Differentiated Follicular carcinoma of Thyroid Documented on 131I Post-therapy scan: a Case based Discussion and Review of Literature

Reviewer code: 02663764

Science editor: Wen, Ling-Ling

Date sent for review: 2013-10-09 08:41

Date reviewed: 2013-12-19 02:53

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 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

The authors have presented a case report of differentiated thyroid carcinoma that had metastasized to the adrenal gland and was only noted on the post-therapy scan. Overall, the case is well written with minor language and grammatical errors that needs to be corrected. The images are good and labelled well. The authors should mention in their literature review how many previously reported adrenal metastasis cases were unilateral. Was the lesion not included or was missed on initial chest CT scan that should usually include the adrenal areas in most cases? They should also rephrase the first paragraph in the conclusion and bring more clarity to it. The second line in conclusion mention's "which are commonly seen...", while it should be uncommonly seen??