

### PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 75336

Title: Concurrent alcoholic cirrhosis and malignant peritoneal mesothelioma in a patient

Provenance and peer review: Unsolicited manuscript; externally peer reviewed

**Peer-review model:** Single blind

Reviewer's code: 02539765

**Position:** Peer Reviewer

Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2022-01-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-24 09:19

Reviewer performed review: 2022-01-24 10:17

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	<ul> <li>[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing</li> <li>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection</li> </ul>
Conclusion	<ul> <li>[ ] Accept (High priority) [ ] Accept (General priority)</li> <li>[ ] Minor revision [ Y] Major revision [ ] Rejection</li> </ul>
Re-review	[Y]Yes []No
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous



# Baishideng **Publishing**

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statements

Conflicts-of-Interest: [ ] Yes [Y] No

### SPECIFIC COMMENTS TO AUTHORS

-Authors have not produced any definite proof of liver cirrhosis in this case. Patient had low SAAG ascites in which malignant cells were positive. There was no thrombocytopenia or abnormal liver function tests. The report from the upper endoscopy has not been mentioned. -Even if cirrhosis was present, which could be clinically silent in this case, authors should explain the significance of such association. Is this just a coincidence, or is there a causative factor at play? The importance of such an association is critical in order to throw light on future research. -The core tips should not be just a summary of the abstract. It should be like a take home massage with regard to this case. -The English language still needs improvement.



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**Peer-review model:** Single blind

Reviewer's code: 03668558

**Position:** Editorial Board

Academic degree: MD

Professional title: Consultant Physician-Scientist, Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2022-01-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-08 17:50

Reviewer performed review: 2022-02-08 18:10

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	<ul> <li>[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing</li> <li>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection</li> </ul>
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#### SPECIFIC COMMENTS TO AUTHORS

This was a case report on malignant mesothelioma in a patient with concurrent cirrhosis. The Authors described the case and reported the outcome. My comments. 1. I do not see what is the incidence of this disease, although rare. 2. Despite cirrhosis in anamnesis, the patient had a SAAG not consistent with cirrotic portal hypertension. Moreover, he did not have splenomegaly nor low platelet count. Therefore I agree with the Authors when they said that not all ascites in cirrhotic patients are associated with cirrhosis. 3. According to data reported in literature, could PET scan be useful in diagnosis or can it be used as a prognostic tool especially during chemotherapy? 4. The follow-up time has not been reported 5. I suggest liver biopsy instead of liver puncture. Why the patient undergo liver biopsy for diagnosis of cirrhosis in the past?



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**Peer-review model:** Single blind

Reviewer's code: 05138559

**Position:** Associate Editor

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2022-01-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-24 11:52

Reviewer performed review: 2022-02-14 02:14

**Review time:** 20 Days and 14 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	<ul> <li>[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing</li> <li>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection</li> </ul>
Conclusion	<ul> <li>[ ] Accept (High priority) [ ] Accept (General priority)</li> <li>[ Y] Minor revision [ ] Major revision [ ] Rejection</li> </ul>
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#### SPECIFIC COMMENTS TO AUTHORS

I have read with interest this case which it's focused on the rare association of an alcoholic cirrhosis and malignant peritoneal mesothelioma in a male patient 54 years old . The patient had been suffering from schizophrenia for many years. He complained aspecific symptoms (in particular daily vomitus) at the beginning that were attributed to the cirrhosis complicated with ascites. Some criticisms arises The association of alcoholic liver cirrhosis with peritoneal mesothelioma should be better interpreted in terms of the potential etiologic mechanisms; I am intrigued by the etiology of the mesothelioma. Mesothelioma is a rare form of cancer (the annual incidence of the tumor in the general population is 1-2 cases per million) and certainly related to asbestos exposure. Asbestos is one major recognized cangerogenic actor since it causes a major genotoxic effect. This patients denied asbestos exposure. However other toxicants should play a role. The increase diffusion of chemicals and a steep rise of cancer incidence is an established fact. So I think that some important comments on this point should be added on the basis of recent published papers on this topic [1]. In fact fiber related cell transformation, the mechanism underlying asbestos carncerogenic effect, can be exerted by other fibers present in the environment. My suggestion is also that during the schizophrenic phase owing to the behavioral changes, the patient could have not paid attention to the surrounding environment so he could have been exposed to unknown toxic factors that could have been gone unrecognized. Where did the patient live during the schizophrenic crisis ? at the last but not least a cirrhotic liver is less capable to detoxify toxicants so this is another intriguing point. - A normal range of lab values must be reported. -The CT scans and intraoperative images is to be improved: the specific abnormality described in the legends must be indicated by



arrows in the pictures.