



**PEER-REVIEW REPORT**

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

**Manuscript NO:** 78910

**Title:** Pancreatic paraganglioma with multiple lymph node metastases found by spectral CT: A case report and literature review

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

**Peer-review model:** Single blind

**Reviewer’s code:** 06273651

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer’s Country/Territory:** United States

**Author’s Country/Territory:** China

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**Reviewer chosen by:** AI Technique

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**Review time:** 2 Days and 4 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** bpgoffice@wjgnet.com  
**https://**www.wjgnet.com

<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
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### **SPECIFIC COMMENTS TO AUTHORS**

Dual energy post-processing offers advantages over conventional CT in the evaluation of pancreatic mass-like lesions. There is limited data assessing the utility of dual energy CT for pancreatic paraganglioma. Thus it is justified to publish this manuscript eventually. The points are generally clear except the written English needs to be improved by a reputable native English speaker. I have a few points the authors might consider incorporating in the final form. 1. Given the significant overlap between paraganglioma and pNETs regarding features of histopathological characteristics, lesion heterogeneity, and vascularity, I doubt that the radiological findings report here are specific to pancreatic paraganglioma. Please comment on DLCT features (if there is any) to differentiate paraganglioma from pNETs or solid pseudopapillary neoplasms. 2. The gold standard for diagnosis of pancreatic mass still relies on pathology examination. In a young female patient with a large vascular-rich pancreatic mass nonfunctioning pNET and solid pseudopapillary neoplasm are the top differential diagnoses. I was surprised to see EUS-FNA or EUS-FNB was not utilized for preoperative evaluation in both hospitals. A touch print or smear from the tumor would reveal classical features of a neuroendocrine tumor. Sudden spikes in blood pressure and heart rate during EUS-guided FNA of unexpected paragangliomas or pheochromocytomas can be managed. Granted that paragangliomas can have endocrine degenerative atypia, the lack of mitotic figures in proportion to nuclear atypia should lead the pathologist away from rendering a diagnosis of high grade malignancy. What is "mucinous spindle cell soft tissue tumor?" I was more troubled by the aggressive treatment based on an erroneous pathology diagnosis or no definitive diagnosis when the mass was not even



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life-threatening. 3. Page 6 pathology description: change “cuboidal cells” to “polygonal cells” change “supporting cells” to “sustentacular cells” “endomysial (EMA)” is wrong. Please change to “epithelial membrane antigen (EMA)” The authors described pathology findings with some errors and showed a figure depicting H&E stained pancreatic paraganglioma, but made no effort to include a pathologist as a coauthor or at least to acknowledge the pathologist’s contribution, unless the pathologist did not want to be included. 4. I assume that blood pressure levels and heart rates were not significantly altered during the procedures and there were no plasma/urine levels fractionated metanephrines and catecholamines measured. If so, please state in the manuscript. Page 4: two blood glucose levels mentioned. When were those two levels measured? Was the blood glucose level normalized after the surgical procedure? TPO-Ab level was high. When was it measured? Could it be related to previous immunotherapy or directly associated with paraganglioma? Was the level normal after the surgical procedure? 5. Genetic testing and counseling to this young patient is needed. Plasma chromogranin may be attempted for patient followup. 6. Page 2 CASE SUMMARY: please change “8.0 cm in length” to “8.0 cm in greatest dimension.” End of page 4: “7.1 cm x 3.7 cm x 6.7 cm” to “7.1 cm x 6.7 cm x 3.7 cm” Page 5 TREATMENT: “10 cm” inconsistent with 7 to 8 cm mentioned Figure 3: “Pancrease” to “Pancreas”



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**Peer-review model:** Single blind

**Reviewer’s code:** 03722267

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer’s Country/Territory:** Japan

**Author’s Country/Territory:** China

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<b>Scientific quality</b>	<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
<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 type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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<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
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### **SPECIFIC COMMENTS TO AUTHORS**

This is a case report on pancreatic paraganglioma with multiple lymph node metastasis in a young patient. Although this case report is interesting, there are several concerns to be mentioned. 1) Although it is difficult to differentiate pancreatic paraganglioma from other hyper-vascular tumors such as pNETs, the authors have stated that early filling of the drainage veins may be a crucial imaging feature for pancreatic paraganglioma. Why is early filling of the drainage veins formed in patients with pancreatic paraganglioma? Is this finding specific for pancreatic paraganglioma? Isn't this finding observed in patients with pNETs including pNET G3? 2) In Figure3, it is difficult to distinguish the spectral curves of tumor (purple) and LN2(red). 3) The location of LN1,2, and 3 is unclear in the figures. 4) Post-operative findings of LN 1,2, and 3 should be presented clearly. 5) Immunological examinations should be included in Figure4.



## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Position:** Peer Reviewer

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

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

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**Reviewer chosen by:** Yu-Lu Chen

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**Reviewer performed review:** 2022-08-31 07:52

**Review time:** 1 Day and 5 Hours

<b>Scientific quality</b>	<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
<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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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

#### **SPECIFIC COMMENTS TO AUTHORS**

This manuscript is well revised.



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<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
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### **SPECIFIC COMMENTS TO AUTHORS**

1. End of section of Chief complaints: delete the last sentence since the grammar is wrong and the finding was described in the following section. 2. Section of History of present illness: change “and showed a tendency toward a mucinous spindle cell soft tissue tumor” to “with the diagnosis of mucinous spindle cell soft tissue tumor favored.” 3. Section of FINAL DIAGNOSIS: delete “and CD34” since the tumor cells are negative for CD34 and CD34 stain only highlights endothelial cells within the tumor. Change “incisal” to “excisional” or “resectional” since “incisal” is a typo and incision refers to cut into part of the tumor. 4. Section of TREATMENT first line: change “above” to “imaging” since the surgery was performed after imaging finding but not after the diagnosis. I would suggest the authors label the pages and lines so that it would be much easier for a reviewer to comment on the manuscript.