Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 79371

Title: Primary malignant pericardial mesothelioma with difficult antemortem diagnosis: A case report

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 01206150
Position: Editorial Board
Academic degree: MD, PhD
Professional title: Chief Doctor
Reviewer's Country/Territory: China
Author's Country/Territory: Japan

Manuscript submission date: 2022-08-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-18 08:15

Reviewer performed review: 2022-08-18 09:11

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Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This manuscript reports a case of primary malignant pericardial mesothelioma (PMPM), which is extremely rare in clinical practice. The subject presented with transient loss of consciousness and falls. Ultrasound cardiography and computed tomography showed cardiac enlargement and a high density of pericardial effusion at admission. Cardiac magnetic resonance imaging and gadolinium contrast-enhanced T1-weighted images showed thick staining inside and outside the pericardium. The patient died of septic shock due to pneumonia and received an autopsy. Pathological test refer to the diagnosis of PMPM. The paper was valuable for differential diagnosis of similar conditions. The languages need to be polished in some places. For example: 1. ""Multiple lung metastases were the differential"", this sentence in confusing. 2. ""but this may have been because autopsy was performed approximately 60 h after death (Table 1). ""

Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 79371

Title: Primary malignant pericardial mesothelioma with difficult antemortem diagnosis: A case report

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06309896
Position: Peer Reviewer
Academic degree: MD, MSc
Professional title: Attending Doctor
Reviewer's Country/Territory: Thailand
Author's Country/Territory: Japan

Manuscript submission date: 2022-08-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-21 13:57

Reviewer performed review: 2022-08-22 13:05

Review time: 23 Hours

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

Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Your case is interesting and informative. However, there are many points that should be clarified and corrected. The followings are my suggestions. Overall - Overall is well-written with some minor grammar errors. - The patient's data was incomplete in many aspects including clinical presentations, physical examinations, basic investigations, and differential diagnoses. - The differential diagnoses and supporting information are somewhat unreasonable. - The pathognomonic/important imaging findings (including echo, CT, and MRI) were not appropriately demonstrated. 1 Title, abstract, introduction - 2. Case presentation 2.1 Chief complaint, history, and present illness - Please detail the onset of the patient presenting symptoms. 2.2 Past illness, personal and family history - Please provide more information about the patient's past medical history, particularly medications for AF and DM. Because these medications may cause TLOC e.g., rate/rhythm control drug (arrhythmia), anticoagulant (hemorrhage), and hypoglycemic agent (hypoglycemia), etc. 2.3 Physical examination - The physical examinations are not complete, especially in the cardiovascular system which is the system of involvement. - Authors stated that 'Fever, jugular venous distension, and bilateral marked leg edema were noted, suggesting heart failure or cardiac tamponade.' From the given examinations, they were not enough to diagnose cardiac tamponade. Important information e.g., heart sounds, friction rub, and pulsus paradoxus should be mentioned. Moreover, fever is not a sign of tamponade. - From history and examination, can constrictive pericarditis be differentiated in this case? - Other examinations, particularly the respiratory (to see if there was concomitant left-sided heart failure) and neuro signs (to exclude neurologic cause of TLOC) are also

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

important and should be reported. 2.4 Laboratory examination - Since the patient had a fever, a septic workup results should be described. 2.5 Imaging examination - The basic cardiovascular investigation, namely electrocardiogram, should be mentioned. - Echocardiography is an important first-line investigation in patients with suspected cardiac tamponade and heart failure. Therefore, detailed echocardiographic findings including specific signs of tamponade should be described. - The given on-admission ultrasound cardiographic findings (pericardial effusion with normal left ventricular ejection fraction (LVEF)) could not exclude cardiac tamponade. To be more specific, cardiac tamponade can present with pericardial effusion and normal LVEF. - Amount and location of pericardial effusion should be specified. Because they had an influence on further investigation and management decisions. - Other than T1W, T2W, and gadolinium-enhance T1W images, many MRI sequences and findings are valuable in the diagnosis of cardiac/pericardial mass, e.g., perfusion images (to see tumor vascularity), T1W with fat suppression images (to exclude pericardial lipoma), late gadolinium enhancement images (to see contrast pharmacokinetic in mass), and advanced images if available (native T1 mapping, T2 mapping, ECV mapping, etc.) which were not mentioned in the present manuscript. - MRI is one of the best noninvasive tools for tissue characterization, although it could not make a definite diagnosis, it should give some clues for differential diagnosis. - Why Gallium scintigraphy was needed in this patient should be explained. - If the present information was not enough, would it be better to perform an 18F-FDG PET scan in this patient? - There are many locations and methods to get a tissue diagnosis as described in the text. However, the most appropriate way and location for this patient should be discussed. - In my opinion, a pericardial biopsy might be an effective method with acceptable risk to get a tissue diagnosis. At that time, a definite diagnosis was not made. What if the diagnosis was a treatable disease? - Why should EGD and colonoscopy be performed in this patient

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

should be discussed in detail. They cannot totally exclude intra-abdominal primary cancer. Besides, the benefits of EGD and colonoscopy in critically ill patients might not be worth their risks. - Again, second echocardiography should provide more information. The given findings (E/A ratio, LVEF, and LVEDD) were not enough to support the restrictive physiology. 3. Final diagnosis - Although the final diagnosis could not be made, the probable and the most likely diagnosis could still be differentiated. - This patient presented with TLOC. It should be discussed the cause and mechanism of TLOC. - In the examination part, it was described that cardiac tamponade was suggestive; on the other hand, in the imaging part, the authors excluded tamponade from echocardiographic results. Was TLOC in this patient associated with tamponade? 4. Treatment - I am not sure that concomitant hypotension in the text described the patient on admission or during the hospital course. If it was on admission, the most appropriate treatment should be an intravenous fluid replacement, because the provisional diagnosis at that time was cardiac tamponade. - Authors stated 'The cause of death was thought to be septic shock due to infection or cardiac tamponade, but a definitive diagnosis could not be obtained. This is confusing whether the patient had tamponade or not. The information was inconsistent throughout the manuscript (physical exam suspected tamponade, while echo was not, and then tamponade was taught as the cause of death). I hope these comments will be helpful in improving your manuscript.

Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 79371

Title: Primary malignant pericardial mesothelioma with difficult antemortem diagnosis: A case report

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06309896
Position: Peer Reviewer
Academic degree: MD, MSc

Professional title: Attending Doctor

Reviewer's Country/Territory: Thailand

Author's Country/Territory: Japan

Manuscript submission date: 2022-08-17

Reviewer chosen by: Chen-Chen Gao

Reviewer accepted review: 2022-09-20 15:30

Reviewer performed review: 2022-09-20 16:18

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	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous

Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

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

SPECIFIC COMMENTS TO AUTHORS

Dear Authors, I have gone through your revised manuscript. You completely address all of my comments and this current manuscript seems appropriate for publishing. The description regarding MRI is still confusing whether the MRI was performed or not. This issue can be corrected in the proof-read process. I have no further suggestions. Congratulation..!! Best regards,