

## PEER-REVIEW REPORT

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

**Manuscript NO:** 70576

**Title:** Disseminated peritoneal leiomyomatosis with malignant transformation involving right ureter: A case report

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

**Peer-review model:** Single blind

**Reviewer's code:** 02662861

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Professor

**Reviewer's Country/Territory:** South Korea

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

**Manuscript submission date:** 2021-08-07

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-08-08 09:12

**Reviewer performed review:** 2021-08-09 14:45

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

Scientific quality	<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 Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="radio"/> ] Anonymous [ <input type="radio"/> ] Onymous Conflicts-of-Interest: [ <input type="radio"/> ] Yes [ <input checked="" type="radio"/> ] No
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## SPECIFIC COMMENTS TO AUTHORS

MAJOR STRENGTHS 1. The text is relatively well-organized and well-written, with logical formatting, and it is of appropriate length. 2. This is the first report of disseminated peritoneal leiomyomatosis with hematuria as initial presentation which could mimic urothelial cancer with peritoneal carcinomatosis.. MAJOR WEAKNESSES 3. It would be better to use 'disseminated peritoneal leiomyomatosis', instead of 'leiomyomatosis peritonealis disseminata'. 4. Please add the figure showed multiple seeding lesions at anterior abdominal wall, subcutaneous fat and bilateral inguinal canals. 5. In discussion, the paragraph 'The patient was doing well without evidence of recurrence 24 months after the operation'. -> move to the end of case report section.

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**Peer-review model:** Single blind

**Reviewer's code:** 03011144

**Position:** Peer Reviewer

**Academic degree:** DNB, FACS, FICS, MBBS, MCh, MNAMS

**Professional title:** Additional Professor

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

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

**Manuscript submission date:** 2021-08-07

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-08-09 05:18

**Reviewer performed review:** 2021-08-11 13:37

**Review time:** 2 Days and 8 Hours

Scientific quality	<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
Language quality	<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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Conflicts-of-Interest: [ ☐ ] Yes [ ☒ ] No

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

1. How was the lesion identified to be inside the inguinal canal on CT ? (pg 2 line 3) 2. What was the surgical incision used? Were the nodules resected with a margin? 3. Was transverse colostomy done to divert? when was it closed? 4. Were other differentials such as benign metastasizing leiomyoma considered? 5. How long was the follow up duration? 6. Do the authors advocate caution on morcellation of uterine fibroids?