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## PEER-REVIEW REPORT

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

**Manuscript NO:** 84292

**Title:** Primary rectal mucosa-associated lymphoid tissue lymphoma treated with only endoscopic submucosal dissection: A case report

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

**Peer-review model:** Single blind

**Reviewer's code:** 03474116

**Position:** Editorial Board

**Academic degree:** AGAF, MD, PhD

**Professional title:** Professor

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

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

**Manuscript submission date:** 2023-03-06

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-03-06 22:58

**Reviewer performed review:** 2023-03-07 04:33

**Review time:** 5 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<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 checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<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

## SPECIFIC COMMENTS TO AUTHORS

General: This case report that treated with only endoscopic submucosal dissection for rectal MALT was well written and may have potential. Major comments: 1. Is it ethically acceptable to remove endoscopically rectal MALT as the first-line therapy? 2. Why did authors select ESD in this case? 3. In general, MALT and lymphoma patients may be required to exam PET-CT. 4. How did authors check H. pylori infection? Because EGD showed atrophy and intestinal metaplasia, H. pylori expected to previously infect. 5. Did patients receive previously eradication therapy for H. pylori? 6. Do you need additional treatment, such as radiotherapy and chemotherapy? 7. Did this case show tree-like appearance in endoscopy? 8. Please add magnifying endoscopy and NBI images. 9. Endoscopic ultrasonogram shows two homogenous hypoechoic lesions arising from the muscularis mucosa layer. Is it right? If so, please revise to show pictures arising from the muscularis mucosa layer. 10. Did this MALT pathologically arise from the muscularis mucosa layer? 11. What do authors think are the indications for endoscopic treatment of rectal MALT?

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

**Peer-review model:** Single blind

**Reviewer's code:** 00038617

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Assistant Professor

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

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

**Manuscript submission date:** 2023-03-06

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-03-06 22:40

**Reviewer performed review:** 2023-03-14 15:00

**Review time:** 7 Days and 16 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<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

## SPECIFIC COMMENTS TO AUTHORS

In this paper, the author reported a rare case of colorectal MALT lymphoma treated with endoscopic resection alone. Six cases of primary colorectal MALT lymphomas treated with endoscopic resection have been reported without recurrence. Therefore, they suggest that endoscopic resection may be a feasible and safe treatment for primary colorectal MALT lymphoma and allows organ preservation. This paper is interesting and has high clinical value. However, the following points should be revised. (1) The follow-up period of this case was only 12 months, and it cannot be concluded that there is no recurrence with endoscopic treatment alone. Authors should mention this point as a limitation. (2) Findings of magnifying endoscopy and image-enhanced endoscopy such as NBI should be presented as figures. (3) Although the authors described endoscopic ultrasound findings as homogenous hypoechoic lesions arising from the muscularis mucosa layer, the origin of MALT lymphoma should not be muscularis mucosa. Therefore, it is better to describe the tumor as being visualized within the mucosal and submucosal layers. (4) The authors should present histological images that show the entire tumor in histopathological findings, (5) The authors should include scale

bars in microscopic images.

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

**Peer-review model:** Single blind

**Reviewer's code:** 00074490

**Position:** Peer Reviewer

**Academic degree:** PhD

**Professional title:** Chief Doctor

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

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

**Manuscript submission date:** 2023-03-06

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-03-12 02:21

**Reviewer performed review:** 2023-03-21 02:44

**Review time:** 9 Days

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<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

## SPECIFIC COMMENTS TO AUTHORS

This is a very interesting and rare case report that deserves publication



## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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

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**Peer-review model:** Single blind

**Reviewer's code:** 03474116

**Position:** Editorial Board

**Academic degree:** AGAF, MD, PhD

**Professional title:** Professor

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

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

**Manuscript submission date:** 2023-03-06

**Reviewer chosen by:** Yu-Jie Ma

**Reviewer accepted review:** 2023-04-03 23:55

**Reviewer performed review:** 2023-04-04 00:47

**Review time:** 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input 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
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
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



statements

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

## SPECIFIC COMMENTS TO AUTHORS

General: This case report that treated with only endoscopic submucosal dissection for rectal MALT was well written and may have potential. Although authors revised well according to Reviewer's recommendation and suggestion. However, it is not sufficient.

Comments: 1. As authors mentions, it is not ethically acceptable to remove endoscopically rectal MALT as the first-line therapy, due to small number of patients with MALT. Authors should add ethical points in revised version. 2. Authors didn't do duodenoscopy to perform H. pylori PCR test. This is serious problem in this case report. In any case report of rectal MALT, eradication therapy has efficacy to cure. 3. Please show limitations, such as loss of IEE and NBI, insufficient data of H. pylori infection, in the revised version.