

## PEER-REVIEW REPORT

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

**Manuscript NO:** 84034

**Title:** Giant cyst in heterotopic pregnancy

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

**Peer-review model:** Single blind

**Reviewer's code:** 05374991

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor, Master's Student, Research Assistant

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

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

**Manuscript submission date:** 2023-02-21

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-02-28 15:11

**Reviewer performed review:** 2023-03-13 11:20

**Review time:** 12 Days and 20 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 Grade E: Do not publish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 checked="" type="checkbox"/> Grade A: Excellent <input 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 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 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 type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

General Impression: I found this case of high educational value and interesting as well. The paper is well-structured and the figures are informative and indicative. I think this paper could be published after performing some minor revisions and careful language editing and polishing. Comments: 1. The first one-and-a-half lines of the abstract have inconsistencies (abnormal pregnancy in natural circumstances). Please write the sentence more clearly. 2. In the introduction, I am not familiar with the used classifications of ovarian cysts. Those are typically classified into two broad categories (functional and neoplastic cysts). I honestly did not hear of "flavin" and "xanthin" cysts before, although I think you refer to "Theca-lutein cysts" as "xanthin" cysts. Please use the known classification and terminology throughout the entire text. 3. Please indicate the mean of conception in the case presentation. 4. In the case presentation, please use the following format to express dimensions (3.6 X 3.4) instead of (3.6\*3.4) in the entire text. 5. In the case presentation, please explain how you ruled out ovarian torsion when the patient came back with right quadrant pain. 6. In the case presentation, please explain how you aspirated the cyst's content. Was it Transabdominal ultrasonography-guided cyst



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aspiration? 7. In the discussion, I could not understand what you meant by “terminate the pregnancy blindly”. Please clarify this sentence. 8. In the discussion section, I would suggest discussing the findings of a recent paper that demonstrated that salpingectomy results in lower clinical pregnancy rates than salpingotomy and expectant management. However, those drawbacks could be disregarded in the current case due to the intrauterine pregnancy and the avoidance of additional uterine manipulation when doing a salpingostomy, but the patient should be aware of those drawbacks to make an informed consent. Please discuss and cite the following paper: <https://doi.org/10.1080/13645706.2023.2181091> 9. The manuscript requires careful language revision as it contains many grammatical and linguistic mistakes. I would suggest having it revised by someone fluent in English or a native English speaker

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**Reviewer's code:** 05373202

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Associate Professor, Chief Doctor, Staff Physician

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

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

**Manuscript submission date:** 2023-02-21

**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-03-23 03:56

**Reviewer performed review:** 2023-03-23 04:00

**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
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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

#### SPECIFIC COMMENTS TO AUTHORS

Good case, Clinical approach in a patient with heterotopic pregnancy and giant ovarian cyst must be individualized depending on the fertility requirements. Management is well written, paper is well discussed, I read with interest. Acceptable paper.