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## PEER-REVIEW REPORT

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

**Manuscript NO:** 83624

**Title:** Hepatic inflammatory myofibroblastic tumor: A case report

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

**Peer-review model:** Single blind

**Reviewer's code:** 03253532

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Chief Physician, Professor, Senior Researcher

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

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

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

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

**Reviewer accepted review:** 2023-02-24 14:04

**Reviewer performed review:** 2023-03-07 18:17

**Review time:** 11 Days and 4 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 Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" 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 type="checkbox"/> Grade B: Good <input checked="" 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 type="checkbox"/> Grade B: Good <input checked="" 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 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

This case report summarizes the authors' experience in a case of HIMT. The topic is not novel, and recent similar cases have been published. The discussion is informative. One major point of such cases should be to reach a diagnosis before surgical resection. Some points should be addressed: 1. A detailed description of the radiological findings should be welcomed. In particular, which CT and RM aspects could differentiate HIMT from HCC? 2. At surgical pathology, macronodular liver cirrhosis was present. It is singular that no evidence of this condition was detected in any imaging study before surgery. 3. Since the patient was considered without cirrhosis, had no reported evidence of liver disease, and AFP values were normal, why did the authors not perform a liver biopsy of the focal lesion before surgery? 4. Instead of stating that lab values were within the normal range, principal liver enzyme and oncologic markers results should be reported. Multi-Disciplinary Treatment (MDT): Treatment should be replaced with Team. The English language must be improved in the paper.

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**Reviewer's code:** 05775678

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Doctor

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

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

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

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

**Reviewer accepted review:** 2023-03-15 06:45

**Reviewer performed review:** 2023-03-15 07:23

**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

The authors report a case of IMT occurred in the liver of a 65y female. This tumor rarely occurs in the liver, therefore the report is of interest. Some suggestions: - introduction is too general, I suggest to focus on IMT instead of a general section on primary liver tumors. For example, they could say that IMT is more frequently encountered in other anatomical sites in the GI tract, more common in children and young adult instead of patients in their 60s and so. Moreover they call IMT "hepatitis myoblastoma" in the last paragraph but they are not synonymous; - case presentation: a more detailed description of the morphology of the tumor is appropriate. It appears mandatory to cite the ALK1 clone used for IHC, there are several clones which can be applied in different pathological contexts. Figure 3: I suggest showing the tumor and IHC at higher magnification to appreciate the morphological details. - discussion: interesting but can be improved. Is there a specific pattern on imaging which could suggest IMT? Are there situations in which a biopsy could be performed? When clinicians have to suspect hepatic IMT? Which type of liver resection is more indicated? Frozen sections from the tumor could be an option? If yes why? - conclusions: appropriate - citation number 6: do you want to cite

the 5th edition of WHO Classification Tumors?? The most appropriate citation is chapter 12 of Digestive system tumors, WHO Classification of tumors, 5th ed.