

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 80811

Title: Habitual khat chewing and Oral Melanoacanthoma: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05466880

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Saudi Arabia

Manuscript submission date: 2022-10-14

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-10-18 01:47

Reviewer performed review: 2022-10-18 03:26

Review time: 1 Hour

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 Grade E: Do not publish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
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [☐] Yes [☒] No

SPECIFIC COMMENTS TO AUTHORS

In this manuscript, the authors stated that oral melanoacanthoma caused by chronic khat chewing is rare, and chewing khat is an extrinsic factor that can cause oral pigmentation. So, if the authors could provide more internal mechanism that will much better explain the causal relationship between the oral melanoacanthoma and habitual khat chewing.

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Reviewer's code: 03765747

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor, Research Fellow

Reviewer's Country/Territory: Norway

Author's Country/Territory: Saudi Arabia

Manuscript submission date: 2022-10-14

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-11-11 15:15

Reviewer performed review: 2022-11-14 05:07

Review time: 2 Days and 13 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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statements

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

SPECIFIC COMMENTS TO AUTHORS

1 Title. Does the title reflect the main subject/hypothesis of the manuscript? Reviewer: A case report is not the proper design to establish causality. You need to change the title.

2 Abstract. Does the abstract summarize and reflect the work described in the manuscript? Reviewer: No. The background section needs to elaborate on oral melanoacanthoma, and indicate the aim for this case report. There is no methodological section in the abstract. The case summary does not include the histopathological findings, which is, in my opinion, the most important finding of this case report. The conclusion seems to indicate causality, but a case report is not the proper design for establishing causality. Furthermore, the diffuse statement that “oral melanoacanthoma should be considered in the differential diagnosis of diffused brownish-black oral-pigmented lesions” is out of focus. The conclusion should answer the question: What is the aim of this case report?

3 Key words. Do the key words reflect the focus of the manuscript? Reviewer: yes. “Oral melanoacanthoma” and “Khat chewing” are probably not needed as it is already in the title. “oral lesions” is suggested as a relevant key word.

4 Background. Does the manuscript adequately describe the background, present status and significance of the study? No. There is a lack on describing khat (*Catha edulis*) and the association to oral lesions and periodontal disease. Here are two important references: Kalakonda, B., Al-Maweri, S. A., Al-Shamiri, H. M., Ijaz, A., Gamal, S., & Dhaifullah, E. (2017). Is Khat (*Catha edulis*) chewing a risk factor for periodontal diseases? A systematic review. *Journal of clinical and experimental dentistry*, 9(10), e1264–e1270. <https://doi.org/10.4317/jced.54163> Al-Maweri, S. A., Warnakulasuriya, S., & Samran, A. (2018). Khat (*Catha edulis*) and its oral health effects: An updated review. *Journal of investigative and clinical dentistry*, 9(1), 10.1111/jicd.12288.

<https://doi.org/10.1111/jicd.12288> The description of oral melanoacanthoma is also rudimentary – What are the complications? What are the underlying known aetiologies and risk factors? This is somewhat introduced in the Discussion section of the paper but missing in the Background section. This section should also state the aim of this case report and present the significance of the study. It seems like the authors are mixing tobacco and khat. Khat (*Catha edulis*) is not a sort of tobacco. But smoking habits, the use of shisha or chewing tobacco is relevant and should be investigated further. 5 Methods. Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail? Reviewer: In a case report there is usually no need of a meticulous description of the methods used. The histopathological description is well described. 6 Results. Are the research objectives achieved by the experiments used in this study? What are the contributions that the study has made for research progress in this field? There is a lack of clinical information on symptomatology, medical history, exposure data, dental/periodontal assessment. Did the lesion hurt? Any buccal bleeding? Why did the patient come to the clinic? Routine follow-up? Any weight loss, night-sweat, fatigue? How much khat did he chew per day/session (DOI: 10.1002/hep.29809 gives an example how to quantify khat exposure)? Any other substances used whilst chewing khat (drinking soft drinks, use of shisha)? Any other exposures – chewing tobacco, shisha, smoking, betel nut, heavy metals etc.? Other relevant clinical assessment known related to khat – blood pressure, weight/BMI, skin rash, ascites, jaundice – which might strengthen the link to khat use? Although I am not a dentist, I am missing information from the intraoral examination: What is the dental status? Tongue status? Other oral lesions – negative findings are also of interest as khat chewing is associated with leukoplakia, stomatitis, xerostomia, periodontal disease, tooth loss and keratotic white lesions. Laboratory investigations should also include basic biochemistry, including renal and liver status. Imaging examination is indeed

applicable but not performed in this case, and that is acceptable. It was not clear if the histopathological findings did indicate any malignant features. That said, the histopathological findings are of high interest and the most important finding in this case report.

7 Discussion. Does the manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly and logically? Are the findings and their applicability/relevance to the literature stated in a clear and definite manner? Is the discussion accurate and does it discuss the paper's scientific significance and/or relevance to clinical practice sufficiently? Reviewer: As mentioned previously, the discussion section provides information that belongs to the Background section (see comments above). It is a very strong statement to claim that this study has been "(...) eliminating all other possible causative factors. (...)", although the authors are more modest when saying that "(...) khat could have triggered the oral melanoacanthoma in the current case. (emphasis added) (...). However, the authors claim later in the discussion that "(...) the causative agent was eliminated (...)", and again that is too strong statement as they can not be sure about that from this case report. The discussion section does not reflect the limitation of a case report not being an adequate design for establishing causality. In fact, the discussion section does not reflect on any limitations of this study at all. The conclusion is therefore too strong and inadequate claiming khat as the cause to the oral melanoacanthoma found in this patient. Moreover, the authors are again blurring the picture by mixing tobacco use and chewing khat. Furthermore, the authors bring in oral cancer (for the first time!) in the conclusion, and it is unclear if this is linked to khat use or tobacco use. Lastly, the author does not discuss the scientific significance of this case report or the need for further studies.

8 Illustrations and tables. Are the figures, diagrams and tables sufficient, good quality and appropriately illustrative of the paper contents? Do figures require labeling with arrows, asterisks etc., better legends? Reviewer: Figure 1B – buccal mucosa is blurred/out of focus. Figure 2 –

a higher magnitude would be preferred. And also add arrows/markings showing the melanocytic hyperplasia, and the dendritic melanocytes. Figure 3 – there should be a consistency in the use of pictures in order to compare the clinical findings during follow up. In these pictures we see areas of mucosal discoloration not displayed in previous pictures, and therefore difficult to interpret if there has been any improval? 9 Biostatistics. Does the manuscript meet the requirements of biostatistics? Reviewer: NA 10 Units. Does the manuscript meet the requirements of use of SI units? Reviewer: Yes 11 References. Does the manuscript cite appropriately the latest, important and authoritative references in the introduction and discussion sections? Does the author self-cite, omit, incorrectly cite and/or over-cite references? Reviewer: The reference works of Al-Maweri SA and Kalakonda B as mentioned previously (see comments above). The references on khat are ancient and should be updated. 12 Quality of manuscript organization and presentation. Is the manuscript well, concisely and coherently organized and presented? Is the style, language and grammar accurate and appropriate? Reviewer: As mentioned previously, the abstract has some deficiencies and there is a need of re-structuring information in the Background / Discussion section. There is a minor need for language polishing. 13 Research methods and reporting. Authors should have prepared their manuscripts according to manuscript type and the appropriate categories, as follows: (1) CARE Checklist (2013) - Case report; (2) CONSORT 2010 Statement - Clinical Trials study, Prospective study, Randomized Controlled trial, Randomized Clinical trial; (3) PRISMA 2009 Checklist - Evidence-Based Medicine, Systematic review, Meta-Analysis; (4) STROBE Statement - Case Control study, Observational study, Retrospective Cohort study; and (5) The ARRIVE Guidelines - Basic study. Did the author prepare the manuscript according to the appropriate research methods and reporting? Reviewer: Yes, but with several deficiencies as mentioned above. 14 Ethics statements. For all manuscripts involving human studies



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and/or animal experiments, author(s) must submit the related formal ethics documents that were reviewed and approved by their local ethical review committee. Did the manuscript meet the requirements of ethics? Reviewer: Yes