

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 87805

Title: Venous adventitial cystic disease is a very rare disease that can cause deep vein thrombosis: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05560872

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

Manuscript submission date: 2023-08-28

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2023-10-20 12:16

Reviewer performed review: 2023-10-24 03:37

Review time: 3 Days and 15 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 Grade E: Do not publish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 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

Scientific significance of the conclusion in this manuscript	[Y] Grade A: Excellent [] Grade B: Good [] Grade C: Fair [] Grade D: No scientific significance
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Re-review	[Y] Yes [] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous
	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Did the pathological specimen of the cyst do immunohistochemistry? And did it indicate the source of vascular adventitia? Comment 1. The penultimate line of the imaging examinations section should be venous compression causing poor venous reflux rather than the femoral artery. Comment 2. Since the author considers that the great saphenous vein is the dominant vein, and the bovine pericardial slice is used to shape the right femoral vein, do you consider the risk of xenograft rejection thrombosis? Why did you not consider the left great saphenous vein as a donor? Comment 3. The filter was removed on 11 days after surgery and discharged on 12 days. Abisaban maintained anticoagulation for 6 months. Did the authors take into account the risk of thrombosis secondary due to the wound at the surgical site in the short term? (In fact, the temporary filter protection period is 4 weeks, and the permanent filter can be kept for 3 months or for life). Comment 4. Considering the risk of homology between the joint synovium and the adventitial cystic vein, the author especially emphasized the connection between the base of the vein and the joint capsule. In fact, the diameter of the cyst was about 1 cm, and CT did not find the synovial effusion of the joint. How to identify the joint



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synovium during the operation? Or is this needed in theory? Is it feasible to use artificial material or autologous muscle tissue interval for other tissues in the vein and femoral sheath? Comment 5. In the etiology hypothesis, is it too far-fetched to deny different locations and the pathogenesis of arterial adventitial cysts just because of the different male and female ratios? Is pathological immunohistochemistry required? Because the joint site is also a high incidence of synovial cysts.