

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 82044

Title: Primary yolk sac tumor in the abdominal wall in a 20-year-old woman: a case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05487696

Position: Peer Reviewer

Academic degree: MD, MSc

Professional title: Consultant Physician-Scientist, Doctor, Lecturer

Reviewer's Country/Territory: Egypt

Author's Country/Territory: China

Manuscript submission date: 2022-12-05

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-12-07 05:30

Reviewer performed review: 2022-12-07 05:48

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	 [] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	 [] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Re-review	[Y]Yes []No



Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

-In abstract: You can use the common abbreviation EMA following "epithelial membrane antigen" -I wonder why do you separate (case presentation) as methods, results, etc? - Revise punctuation of the whole manuscript. - Before listing the performed immunohistochemical markers, you should present the provisional pathological diagnosis and differential diagnosis - Clinical differential diagnosis also should be mentioned in addition to radiological investigation results. - Did you examine the ovaries and uterine cavity? - What about prognosis of such patient? - Discussion lacks citing sources in somewhere. - Histopathology figure should includes the type of staining (H&E) and magnification power



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Reviewer's code: 03253728

Position: Editorial Board

Academic degree: MBBS, MCh, MS

Professional title: Additional Professor

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2022-12-05

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-01-04 05:44

Reviewer performed review: 2023-01-04 06:49

Review time: 1 Hour

	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C:
Scientific quality	Good
	[] Grade D: Fair [] Grade E: Do not publish
Novelty of this manuscript	[Y] Grade A: Excellent [] Grade B: Good [] Grade C: Fair [] Grade D: No novelty
Creativity or innovation of	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair
this manuscript	[] Grade D: No creativity or innovation



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Scientific significance of the conclusion in this manuscript	 [] Grade A: Excellent [Y] 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) [] Accept (General priority) [] Minor revision [Y] 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

This is an uncommon report and is well-written. The authors should provide more clinical details about the patient. Since when was the lump first noted? Was it present for a long and sudden increase, or noted six months ago and increasing gradually since then? Was it painful? The operative details and intraoperative picture are good to show in The case presentation section is not very clear. After the palpation, these rare reports. there is a description of the cut surface of the tumor. The chain of events needs to be clear. Was it a trucut biopsy or an open biopsy? The sequence could be- clinical details, radiological modalities, biopsy confirmation, a surgical procedure including postoperative status and follow-up of the patient, and histopathology details. There is too much description of the pathology section. It may be curtailed to salient findings in brief. Please highlight the unique points of the present report. It is important to inform why your report is worth publishing. As mentioned earlier, please include clinical and intraoperative pictures of the patient. There are too many histology pictures. Kindly keep only those with finding suggesting YST.



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Reviewer's code: 01588784

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor, Surgeon

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

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Reviewer accepted review: 2023-01-02 11:54

Reviewer performed review: 2023-01-04 07:58

Review time: 1 Day and 20 Hours

	[] Grade A: Excellent [] Grade B: Very good [] Grade C:
Scientific quality	Good
	[Y] Grade D: Fair [] Grade E: Do not publish
Novelty of this manuscript	 [] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No novelty
Creativity or innovation of	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair
this manuscript	[] Grade D: No creativity or innovation



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Re-review	[Y]Yes []No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

General comments: The authors reported a rare case of extragonadal Yolk Sac Tumor (YST) in the abdominal wall. The tumor was surgically resected and the histological features were consistent with YST. Despite the rarity of this case, many information is lacking as a case report. Results and Discussion seemingly focused on histologic findings of this tumor. Please consider the following recommendations for further manuscript processing. Specific comments: 1. Title: A girl or woman? The patient was 20-year-old of age: so, if she has reached a maturity period and adulthood, the term would be appropriate for "woman". 2. Abstract: The information regarding the treatment (surgical resection) must be included. 3. Abstract: A case- or disease-specific, conclusive statement must be documented in the Conclusion, rather than general comments. 4. Introduction: It is not appropriate to insert a summarized table in the introduction. It must be Included in the discussion. 5. Case presentation: This section has no radiological images. No differential diagnosis or decision-making process (for the treatment) has been presented. 6. Case presentation, L66-69: Any images of physical examination available? Was the tumor visible under the skin?? (the sentence may refer to



the macroscopic finding of the tumor) 7. Results: Any macroscopic images available? They are very helpful for better understanding of the tumor histopathology. 8. Results, L120: Immunochemistry images of CD117 and EMA may be additionally provided. 9. Results, L127-129: The sentence "which is a very authoritative and famous hospital in China" is not necessary for this manuscript. 10. Results, L129-131: The authors' speculation "Ultimately, we believe that this was also a special feature of our case that is different from previous YST cases" would be appropriate in the Discussion. 11. Results, L132-134: Surgical details (approach, technique, operative time, estimated blood loss, etc.) are lacking. Any intraoperative images available? Was the postoperative course uneventful? 12. Results, L134-137: Consider the right place of the sentence regarding IRB statement and informed consent, not between the explanations of patient postoperative outcomes. 13. Discussion, L165-168; This is the first statement that this patient underwent PET-CT during the work-up. This should be included in the Case presentation. 14. Conclusions, L204-209: Apparently, there was no "thoughtful and detailed" diagnostic process for this patient, because any radiological information or comprehensive preoperative evaluation/review are lacking. Please add the information above to strengthen the conclusive message. 15. Conclusions, L209-214: The description on the patient prognosis must be included in the Results. 16. Figures: All images in Figure 1, 2 and 3 must be displayed with magnifications.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Professional title: Consultant Physician-Scientist, Doctor, Lecturer

Reviewer's Country/Territory: Egypt

Author's Country/Territory: China

Manuscript submission date: 2022-12-05

Reviewer chosen by: Li Li

Reviewer accepted review: 2023-01-20 08:04

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Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	 [] Grade A: Priority publishing [Y] 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
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statements

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

SPECIFIC COMMENTS TO AUTHORS

Thanks for changes and edition



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Author's Country/Territory: China

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Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
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SPECIFIC COMMENTS TO AUTHORS

Specific comments: 1. Abstract: A repetitive sentence was found in the end of Case summary and Conclusion. Conclusion (in the abstract) should include disease-specific, conclusive statement, that is, "so what" sentences. In Conclusion section (in the main text) has included such phrases. Please summarize the "Conclusion section" and rewrite. 2. Supplementary figure 1: Were these really PET-CT?? They look like normal CT without FDG injection. 3. "Image files" cannot be downloadable. The warning message came out and that indicated the files may have been broken. Therefore, the assessment is incomplete.



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SPECIFIC COMMENTS TO AUTHORS

The authors have made satisfactory changes to the manuscript.