

## PEER-REVIEW REPORT

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

**Manuscript NO:** 79525

**Title:** Extensively infarcted giant solitary hamartomatous polyp treated with endoscopic full-thickness resection: A case report

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

**Peer-review model:** Single blind

**Reviewer's code:** 05387164

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Associate Professor

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

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

**Manuscript submission date:** 2022-10-07

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-11-12 01:46

**Reviewer performed review:** 2022-11-14 02:22

**Review time:** 2 Days

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 Grade E: Do not publish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

<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="radio"/> ] Anonymous [ <input type="radio"/> ] Onymous
	Conflicts-of-Interest: [ <input type="radio"/> ] Yes [ <input checked="" type="radio"/> ] No

## SPECIFIC COMMENTS TO AUTHORS

Dear author Thank you for the submission of your article to our journal. I've just read your article and felt many problems as below; Major points If you would like to emphasize the usefulness of full-thickness resection, you should show the techniques in the endoscopic maneuvers more precisely including photo images and compare the safety and efficacy between this procedure and the LECS. If you would like to emphasize the rarity of this disorder, you should more precisely explain the pathological findings. Minor points P2 Hamartomatous polyp consists of four major subtypes such as juvenile polyps, PJ polyps, Cronkhite-Canada syndrome, and PTEN hamartoma syndrome. Hamartomatous polyp can be often seen in the colon. And in the hamartomatous polyps, juvenile polyp can highly be solitary. Therefore, your expression "ours may be the first reported case of SHP in the descending colon" is incorrect. The word "present" is a transitive verb, so the expression "A 47-year-old man presented to our hospital after experiencing hypogastric pain and constipation for over 15 days" is strange. P4 What's the meaning of "their discharge"? P7 Why do you use the technical term of "hamartoma polyps" in the page? Fig.2 Which findings suggest intussusception?

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**Reviewer's code:** 02512347

**Position:** Editorial Board

**Academic degree:** FRCS (Gen Surg), MBChB

**Professional title:** Chief Doctor, Surgeon

**Reviewer's Country/Territory:** Saudi Arabia

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

**Manuscript submission date:** 2022-10-07

**Reviewer chosen by:** Dong-Mei Wang

**Reviewer accepted review:** 2022-12-12 14:10

**Reviewer performed review:** 2022-12-13 04:29

**Review time:** 14 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
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input checked="" type="checkbox"/> Grade D: Rejection
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Re-review	<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

This is an interesting case report of a solitary hamartomatous polyps (SHP) of the descending colon. The condition is extremely rare as SHP is more commonly reported in the stomach and small bowel. Moreover, the condition was successfully treated by endoscopic full-thickness resection instead of surgical resection. I have the following comments: Major Comments: 1) I found no justification whatsoever for starving the patient for 7 days and placing him on TPN. 2) Similarly, I find hospital stay of 10 days is very long and defeat the purpose of minimally invasive endoscopic techniques. 3) The discussion is very long and mostly descriptive of SHP. It should concentrate on literature review of colonic SHP not the gastrointestinal tract SHP. Also, it should discuss the advantages and complications of endoscopic resection of such lesions. Also, discuss why the length of stay was long in this case. 4) From the literature search you performed, there are 5 colonic SHP cases, your discussion should concentrate on reviewing those cases only and exclude all the others. Summarize the presentation, the size, the histopathology, length of stay (vs. your case), complications, and follow-up. Minor Comments: 1) Under Background: you should mention the reason for reporting this case at the end of the section. Also, the sentence "According to our literature review, ours may be the first reported case of SHP in the descending colon." has no place in the beginning of this section and should be mentioned after stating that colonic SHP is extremely rare. Also, change the word (According to our literature review, ours may be the first reported case of SHP in the descending colon. events) to (complications). 2) Under Physical Examination: I am very surprised that a mass was felt unless there was an intussusception at the time. Please, elaborate. 3) Change (enteric cavity) to (colonic

cavity). 4) Under treatment: what was meant by (active perforation)? please, elaborate for clarity. Also rephrase sentence (mass was obstructed at the anus). You may opt to mention that it was difficult to pass the resected polyp through the anal canal, instead. Also rephrase (the remaining gastric and intestinal tracts were explored by endoscopy) to better scientific English. 5) Please mention the name and dose of antibiotics given. 6) The follow-up period is short (3 months). Were there any symptoms associated with narrowing? 7) The images are not labelled, and more information is needed in the legends. 8) Stains and magnification are not mentioned in the pathological slides. 9) In the last paragraph of the Discussion, what is meant by (..used endoscopy to reset the intestine.). Please clarify. 10) In the Conclusion, delete sentence (We removed an 18-cm giant, tipped polyp using the EFTR technique.). Summary: My concerns about this case report: 1. Very long period of starvation post-operatively. Is this justifiable? 2. Long hospital stay. It is much longer after laparoscopic colonic resection. 3. The Discussion should focus on SHP of the colo-rectum only and the endoscopic resection including possible complications. 4. I disagree with your statement that this is the first case as other colonic SHPs were reported and resected endoscopically before. Please revisit your table.

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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

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

**Manuscript submission date:** 2022-10-07

**Reviewer chosen by:** Ji-Hong Liu

**Reviewer accepted review:** 2023-01-18 21:53

**Reviewer performed review:** 2023-01-18 23:33

**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 checked="" type="checkbox"/> Grade A: Priority publishing <input 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
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** bpgoffice@wjgnet.com  
<https://www.wjgnet.com>

statements

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

#### **SPECIFIC COMMENTS TO AUTHORS**

Dear author Thank you for the re-submission of your article to our journal. I confirmed the proper corrections according to my initial review comments in the revised manuscript.

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statements

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

## SPECIFIC COMMENTS TO AUTHORS

Thank you for submitting the revised version of your manuscript and addressing most of the comments. I still have some comments: 1) In the abstract, the conclusion should highlight the feasibility of endoscopic full-thickness endoscopic resection for complicated giant solitary hamartomatous polyps in the colon. 2) At the end of the introduction, specify the site of the SHP in the sentence (we describe an extensively infarcted giant SHP in the descending colon). 3) Under Discussion, line 6: you mentioned 5 reported cases of colonic SHP excised using endoscopic full-thickness resection, place between brackets (2 in the transverse colon, and 3 of the sigmoid colon). 4) Add your case to the list of reported cases in Table 1. 5) End of main conclusion add to the sentence (EFTR thus provides a viable treatment option for the clinical removal of giant polyps.) to become (EFTR thus provides a viable treatment option for the clinical removal of giant polyps, including infarcted ones