

## PEER-REVIEW REPORT

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

**Manuscript NO:** 81506

**Title:** Giant juvenile fibroadenoma in a 14-year old Chinese female: A case report

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

**Peer-review model:** Single blind

**Reviewer's code:** 02742751

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Associate Professor

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

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

**Manuscript submission date:** 2022-11-18

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-12-03 07:21

**Reviewer performed review:** 2022-12-03 08:00

**Review time:** 1 Hour

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 Grade E: Do not publish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



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statements

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

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

Dear Authors 1- Considering the rapid growth of breast mass in 6 months follow up, why did you just observed the mass growth and did not perform any additional diagnostic method? It could be a malignant lesion. 2- Why did not use supplementary radiologic modality to define the mass characteristics regarding invasion or metastasis? 3- The follow up time is short. I recommend the respect authors to have the post operative imaging modality if applicable to ensure the complete resection of tumor.

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**Reviewer's code:** 03537202

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Adjunct Professor, Doctor, Professor

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

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

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**Reviewer chosen by:** AI Technique

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**Review time:** 1 Day and 1 Hour

<b>Scientific quality</b>	<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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statements	Conflicts-of-Interest: [ ] Yes [Y] No
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## SPECIFIC COMMENTS TO AUTHORS

Authors reported a rare case of giant juvenile fibroadenoma (GJF). STATUS: ACCETTABLE FOR PUBBLICATION PENDING MINOR REVISIONS General considerations: This is a CASE REPORT article. The work is interesting, and the paper is very well-written. It represents an excellent starting point for the description of these rare entities with a respectable iconography. Abstract: the abstract appropriately summarize the manuscript without discrepancies between the abstract and the remainder of the manuscript. Keywords: adequate. Reference: inadequate. Please, add my suggestions. Paper On some aspects, the authors should address: -It would be interesting to specify the type of ultrasound machine which you used as well as the frequency of the ultrasound probe (I think at least 15MHz). -In very recent articles, it is argued about the added value of using high frequency probes (> 15MHz) to document better the vascularization of breast lesions in order to improve the BIRADS US categorization. Even if you haven't used high frequency probes, a brief discussion focus on this topic would be interested and is welcome. I suggest specifying this concept: "ideally, two multi-frequency linear probes should be available to perform BREAST examinations, one with a frequency range from 7.5 to 14 MHz (as suggested by American College of Radiology) and another one with an upper frequency of 15 to 24 MHz. The former transducer, given its higher penetration, is necessary to explore the deeper layers (muscle plane, the fascia, the retromammary layer), and the lesions of considerable size (as in your case), whereas the latter one, owing to the higher resolution, is mandatory to scan the superficial planes. I send you this open access article, which you must discuss and cite: -Use of High-Frequency Transducers in Breast Sonography. J Per Med 2022, 12, 1960. <https://doi.org/10.3390/jpm12121960>. -You must also

mention the new elastography techniques, at least strain elastography (of which almost all ultrasound machines are now equipped). Figures: the idea of inserting a panoramic ultrasound image is excellent. -If you have, please insert elastography images.