

## PEER-REVIEW REPORT

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

**Manuscript NO:** 89964

**Title:** Case report of appendiceal intussusception complicated by adenocarcinoma of the cecum

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

**Peer-review model:** Single blind

**Reviewer's code:** 06336248

**Position:** Peer Reviewer

**Academic degree:** PhD

**Professional title:** Senior Lecturer

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

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

**Manuscript submission date:** 2023-11-22

**Reviewer chosen by:** Yu-Lu Chen

**Reviewer accepted review:** 2023-12-15 15:26

**Reviewer performed review:** 2023-12-20 21:52

**Review time:** 5 Days and 6 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 Grade E: Do not publish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 type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<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 scientific significance
<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 checked="" type="checkbox"/> Accept (General priority) <input 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 statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

Title. Does the title reflect the main subject/hypothesis of the manuscript? Yes (but should not mention as appendicular intussusception is the cause of adenocarcinoma as in the conclusion they were not sure, you can tell as it is questionable) 2 Abstract. Does the abstract summarize and reflect the work described in the manuscript? yes 3 Key Words. Do the key words reflect the focus of the manuscript? yes 4 Background. Does the manuscript adequately describe the background, present status and significance of the study? yes 5 Methods. Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail? yes (need more details about previous medical history of the patient) 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? yes, it is important 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



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relevance to clinical practice sufficiently? 8 Illustrations and tables. Are the figures, diagrams, and tables sufficient, good quality and appropriately illustrative, with labeling of figures using arrows, asterisks, etc, and are the legends adequate and accurately reflective of the images/illustrations shown? yes 9 Biostatistics. Does the manuscript meet the requirements of biostatistics? not need 10 Units. Does the manuscript meet the requirements of use of SI units? yes 11 References. Does the manuscript appropriately cite 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? 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? good (need revision at line 87 (pa),102 at discussion topic , ct and mri (need to mention its abbreviation for) 13 Research methods and reporting. Authors should have prepared their manuscripts according to BPG's standards for manuscript type and the appropriate topically-relevant category, 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. For (6) Letters to the Editor, the author(s) should have prepared the manuscript according to the appropriate research methods and reporting. Letters to the Editor will be critically evaluated and only letters with new important original or complementary information should be considered for publication. A Letter to the Editor that only recapitulates information published in the article(s) and states that more studies are needed is not acceptable? yes 14 Ethics statements. For all manuscripts involving human studies 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? Yes

First, what are the original findings of this manuscript? What are the new hypotheses that this study proposed? What are the new phenomena that were found through experiments in this study? What are the hypotheses that were confirmed through experiments in this study? Does appendicular intussusception cause adenocarcinoma

Second, what are the quality and importance of this manuscript? What are the new findings of this study? What are the new concepts that this study proposes? What are the new methods that this study proposed? Do the conclusions appropriately summarize the data that this study provided? What are the unique insights that this study presented? What are the key problems in this field that this study has solved? It is important as it highlights the diagnosis of appendicular intussusception types , as it causes abdominal pain which is frequent complaint in emergency department

Third, what are the limitations of the study and its findings? What are the future directions of the topic described in this manuscript? What are the questions/issues that remain to be solved? What are the questions that this study prompts for the authors to do next? How might this publication impact basic science and/or clinical practice? Is there relation between adenocarcinoma and appendiceal intussusception

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**Reviewer's code:** 00159342

**Position:** Peer Reviewer

**Academic degree:** FRSC

**Professional title:** Professor

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

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

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**Reviewer chosen by:** Yu-Lu Chen

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Scientific quality	<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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	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

Many thanks for the opportunity to review this manuscript. The authors are to be congratulated, this is a well-written paper. Can be published after addressing these queries: In the 'Case Report' section, the case presentation is quite confusing: 1. "Ten days prior, the patient had undergone a colonoscopy at another hospital, and the pathology results revealed high-grade adenomatous dysplasia with focal malignant transformation in the ileocecal region, preliminarily diagnosed as cecal cancer. ": What exactly did the colonoscopy that was done in the other center reveal? Biopsy was taken from which lesion? 2. "Colonoscopy revealed a 1.5 x 3 cm "finger-like" neoplasm within the cecal lumen, with a head wider than the base, covered with abnormal substance, and prone to bleeding upon touch (Figure 2)": did you do another colonoscopy prior to surgery in your hospital? 3. "The pathology of the "finger-like" neoplasm returned as a hyperplastic polyp. ": this is odd because that 'finger-like' neoplasm is actually the intussuscepted ischemic appendix, with the cecal growth seen as a separate lesion nearby. Did you not take a biosy from this lesion too? 4. Was the appendix visualised on the pre-operative CT scan at all? 5. How many nodes were harvested and how many



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were positive? Images: 1. Please submit only one CT Scan image; one Colonoscopy image, one Specimen image and one Pathology image. 2. Also, please mark the images to clearly show the relevant findings Discussion: 1. "For our case, the direct causal relationship between cecal cancer and appendiceal intussusception remains unclear; we can only suggest a possible correlation.": seems to me that it is quite clear - the ileo-cecal tumour acted as the leading point for the intussuscepted appendix