

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 5644

**Title:** Ameloblastic Carcinoma-Report of a Rare Case

**Reviewer code:** 00734206

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-09-19 18:21

**Date reviewed:** 2013-09-24 12:15

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

It is interesting very rare odontogenic malignant tumor but I have some comments. 1. What was the status of the neck before the surgery CT or MRI. 2. you mention in the paper that you did excisional biopsy but I think that you meant incisional biopsy. 3. what was the result of the final specimen? regarding the free margin I mean how many mm you were far away from the tumor?. 4. What about postoperative radiotherapy? 5. In the discussion part you need to discuss more regarding the neck dissection whether to do or not to do

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 5644

**Title:** Ameloblastic Carcinoma-Report of a Rare Case

**Reviewer code:** 00570325

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-09-19 18:21

**Date reviewed:** 2013-09-29 09:28

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	
<input type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input checked="" type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

This case report presents a case of ameloblastic carcinoma in a 60 year old man with its clinical, radiological and histological features. But, there include a lot of problems in this report. Panoramic radiograph is very poor. The authors should axial CT (soft tissue and bone targeting conditions, contrast enhanced if possible) and MRI images. Terms for imaging are not adequate. Strong magnified histopathological image is needed for confirming the findings. Immunostaining is also necessary. Discussion is poor. References are old.