

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 17729

Title: Two case reports of bilateral adrenal myelolipomas

Reviewer's code: 02510721

Reviewer's country: Italy

Science editor: Xue-Mei Gong

Date sent for review: 2015-03-24 20:42

Date reviewed: 2015-03-30 17:09

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Why the adrenalectomy for myelolipoma should be lifesaving? In my opinion this is not the correct definition. In the discussion should be helpful to define more fully the chain of the surgery. The adrenal myelolipoma can not give symptoms of adrenal dysfunction, therefore the surgical indication is related to the size of the lesion. Minor revision

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 17729

Title: Two case reports of bilateral adrenal myelolipomas

Reviewer's code: 00731613

Reviewer's country: India

Science editor: Xue-Mei Gong

Date sent for review: 2015-03-24 20:42

Date reviewed: 2015-04-03 03:32

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

At the outset, the authors are requested to rectify certain typographical errors which are present in the manuscript. The authors are requested to incorporate literature data concerning other reported cases of bilateral adrenal myelolipoma in respect to investigative and surgical methods. This will be helpful in determining the appropriate diagnostic and treatment modalities. In discussion a note on prognosis and associated complications can be mentioned. In the case report, the authors are requested to add follow up data for both the cases (whatever is available). In case report, What was the reason for hospital admission for patient A? (In the manuscript, the diagnosis is mentioned). In respect to the investigations in patient A, contradictory statements are mentioned in last paragraph of page 3 and second paragraph of page 4. While it is mentioned in page 3 that "two masses were noted on both right and left sides"; in page 4 that after surgery the left adrenal gland was free of the mass but a hyperechoic mass was located on the right side. Kindly clarify on whether the two lesions were simultaneously detected or were they detected at different times? What were the factors considered in deciding which side would be operated first? Was size of the lesion a factor?