

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 25184

Title: Persistent mullerian duct syndrome presenting as retractile testis with hypospadias: A rare entity

Reviewer's code: 00470137

Reviewer's country: United Kingdom

Science editor: Xue-Mei Gong

Date sent for review: 2016-02-28 11:44

Date reviewed: 2016-02-28 18:16

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" 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 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"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input 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

Is there a connection between Mullerian ducts and retractile testis. Is laparoscopic exploration an option either.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 25184

Title: Persistent mullerian duct syndrome presenting as retractile testis with hypospadias: A rare entity

Reviewer's code: 00505671

Reviewer's country: Romania

Science editor: Xue-Mei Gong

Date sent for review: 2016-02-28 11:44

Date reviewed: 2016-03-10 23:58

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [Y] Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> [Y] Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> [] High priority for publication
<input type="checkbox"/> [Y] 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 type="checkbox"/> Plagiarism	<input 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

Dear Authors, This is a well written case report of an unusual finding. Only a few minor remarks: Abstract: The phrase: "It arises due to deficiency of anti-mullerian substance, resulting from reduced production /responsiveness to mullerian duct, leading to persistence of mullerian duct along with normal development of Wolffian duct structures." would, in my view, benefit to be rewritten to become clearer. The same remark for the last part of the phrase: "The cause is attributed to insufficient amount of mullerian inhibiting substance (MIS)/ factor (MIF) or anti-mullerian hormone (AMH) or its insensitivity to the mullerian duct." Case report: It may be of interest to know the technique used for hypospadias repair. Did you do the karyotyping and buccal smear cytology prior to surgery or after? If prior, it would be interesting to know why. Can you please double check the reference for the incidence ([4])? Best wishes,