

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 25174

Title: Incidentally detected hydatid cyst of the adrenal gland: A case report

Reviewer's code: 00503315

Reviewer's country: United Kingdom

Science editor: Xue-Mei Gong

Date sent for review: 2016-02-26 13:20

Date reviewed: 2016-03-02 18:20

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 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 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

Interesting case report about an uncommon problem. The article can be improved by: 1. Highlighting the main or core message 2. Clarifying the second sentence under the case report and stating categorically the size of the lesion - several different measurements are given! 3. Giving the full meaning of PAIR when first used in the script 4. Explaining why partial cyst excision was adopted in this case 5. Shortening the Discussion considerably 6. Avoiding the use of personal pronouns.

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Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 25174

Title: Incidentally detected hydatid cyst of the adrenal gland: A case report

Reviewer's code: 00503228

Reviewer's country: Iran

Science editor: Xue-Mei Gong

Date sent for review: 2016-02-26 13:20

Date reviewed: 2016-03-14 21:30

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 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

- In the case report, you diagnosed the patient's thyroid state as toxic multinodular goiter; but your patient had exophthalmia. The only thyroid state that gives exophthalmia is Graves, and TMG would never present with ophthalmopathy! Moreover, In your case ft4 was even below the lower limit of normal, and ft3 was near it. TSH was low; but it is known that steroids can reduce TSH levels, could it be explained by the patient's adrenal state? I am trying to explain all the patient's symptoms with one diagnosis. Were the patient's "hyperthyroid" symptoms actually due to the cyst's impression on the adrenal and hormone release? Because low TSH, Low ft3 and low ft4 is more indicative of a central hypothyroidism. - "abdominal CT revealed a 150x120 cm" You mean 150*120 "mm" don't you? - Why you directly went to thyroidectomy and not a less invasive approach? - have you any idea that if the patient's hypertension improved or not after the surgery?

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Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 25174

Title: Incidentally detected hydatid cyst of the adrenal gland: A case report

Reviewer's code: 03105713

Reviewer's country: Turkey

Science editor: Xue-Mei Gong

Date sent for review: 2016-02-26 13:20

Date reviewed: 2016-03-23 01:25

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 checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
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		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

It is a nice work except for a few missing. In this picture there is a huge cyst inferior of liver and gallbladder. The neighborhood of adrenal gland and cyst should be marked. Patient had a toxic goiter it was a Graves disease or Toxic nodular goiter?. Why you prefer two stage surgery? Is thyroidectomy necessary or radioactive iodine could be tried? Such questions may arise in the reader minds you should discuss these questions too.