

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 31741

Title: Duodenal gangliocytic paraganglioma with lymph node metastases: a case report and comparative review of 31 cases

Reviewer's code: 00058446

Reviewer's country: China

Science editor: Ze-Mao Gong

Date sent for review: 2016-12-06

Date reviewed: 2016-12-14

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 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 type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Gangliocytic paraganglioma (GP) is a rare tumor of uncertain origin most often located in the second portion of the duodenum, which is composed of three cellular components: epithelioid endocrine cells, spindle-like/sustentacular cells, and ganglion-like cells. GPs are the malignant potential and usually restricted to the duodenal submucosa, a small but significant proportion demonstrates metastasis. Even with distant metastatic disease, patients seem to generally have a good prognosis according the reports. But the rarity of this tumor has made it difficult to determine a standard of care, especially for patients with metastatic lesion. The author's aim was to characterize the behavior of cases of GP with regional lymph node metastasis to help guide diagnosis and management. 1、 Is there any reliable risk factor or molecular biomarkers for GP progression and follow-up? 2、 Which kind of surgical treatment is suitable for GP with regional lymph node metastasis? 3、 Is the FNA of this tumor necessary before planning surgical treatment ?

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 31741

Title: Duodenal gangliocytic paraganglioma with lymph node metastases: a case report and comparative review of 31 cases

Reviewer's code: 02729829

Reviewer's country: Hungary

Science editor: Ze-Mao Gong

Date sent for review: 2016-12-17

Date reviewed: 2016-12-22

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 checked="" 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 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 checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	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

The manuscript describes well the characteristics, clinical and pathological picture, and also the therapy of a rare duodenal tumor. I would be interested in some technical details, if they are available in the articles, namely the local excision of the tumor, especially in the second part of the duodenum. How the duodenotomy opening was closed in the reviewed articles? Whether a jejunal loop was used?

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 31741

Title: Duodenal gangliocytic paraganglioma with lymph node metastases: a case report and comparative review of 31 cases

Reviewer's code: 00077376

Reviewer's country: Japan

Science editor: Ze-Mao Gong

Date sent for review: 2016-12-17

Date reviewed: 2017-01-08

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 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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

This is an interesting case report and collective review of previous case reports on paraganglionoma with lymph node metastasis. The followings are my comments. (1) In your case, was resection of hepatic artery performed. If it is true, please explain its reason and which hepatic artery, common, right or left, is resected. Additionally, is the resected hepatic artery reconstructed? (2) In figure 1, the letters of A and B are unclear. (3) Figure 2 appearing after the sentence of lymph node metastasis should be figure 3. (4) Figure 2 appearing after the sentence of lymph node metastasis should be figure 3. (5) The following description, "Metastases stained similarly to the primary with regard to S-100, chromogranin, and synaptophysin, but stained negatively for calretinin (Figure 3)", is not acceptable, because figure 3 does not contain special staining photos. (6) In table 1, the case of Henry et al. (2003 50 M) seems to me that lymph node metastasis was not found but that manubrium is only the metastatic site. (7) If the authors summarize the histopathological findings in table 2, it will much easier to understand the features of



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this tumor.