



## PEER-REVIEW REPORT

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

**Manuscript NO:** 40351

**Title:** Twin pregnancy with triple parathyroid adenoma: A case report and review of literature

**Reviewer's code:** 02842758

**Reviewer's country:** China

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2018-06-21

**Date reviewed:** 2018-06-23

**Review time:** 2 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

The authors in this manuscript presented us a special case of a mid-term parturient with multiple parathyroid adenoma complicated with hyperparathyroidism. Due to the low prevalence of primary hyperparathyroidism in pregnant women (1:4000 reported in



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literature), it is of great importance to diagnosis this disease in time and avoiding any delay in the therapeutic approaches. In addition, the highlight of this article is adopting the strategy of intraoperative parathyroid hormone monitoring by investigators to explore other parathyroid adenoma lesions in the contralateral side of thyroid gland after parathyroid hormone remained high 10 min following the resection of adenomas in the left lower lobe. The pregnant women had an uneventful recovery after parathyroid adenoma was resected and one of parathyroid glands was autologous transplanted in the upper extremity. The follow-up of this patient showed that she underwent a cesarean delivery of alive twins 10 weeks after surgery. Generally speaking, this article is well-organized and provides the substantial information concerning about the diagnosis and treatment of primary hyperparathyroidism in these population of parturient. Especially, CT scans and radionuclide scans cannot be performed routinely for those who need to continue pregnancy because of their radiation risks, the ultrasound exam, therefore, plays a pivotal role in detecting the parathyroid adenoma despite it has limited capability in detecting the micro-adenoma with diameter less than 5 mm. As a consequence, the intraoperative PTH monitoring should be strongly recommended as a routine in this type of surgery. However, there are some comments that needed to be addressed in this article: 1) The indications and time selection for parathyroid gland resection in this clinical scenario should be delineated if the conservative approach doesn't take effect in controlling the symptom including severe vomit, hypercalcemia crisis, fracture etc. The benefit /risk ratio of peripartum surgery in this type of patients should be closely assessed preoperatively. Are there any clinical data supporting conservative medical support for this patient till labour before the parathyroid adenoma surgery is considered to be performed? In addition, disregarding which anesthetic approach is selected in surgery, the impact of drug and noxious surgical stimulus might have adverse effect on fetus, how is the perioperative fetus



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protection management implicated in this case ( magnesium sulfate infusion etc)? 2)  
There are some spelling mistakes in this article, and the language needs to be further  
embellished.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

- The same title
- Duplicate publication
- Plagiarism
- [Y] No

##### ***BPG Search:***

- The same title
- Duplicate publication
- Plagiarism
- [Y] No



**PEER-REVIEW REPORT**

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

**Manuscript NO:** 40351

**Title:** Twin pregnancy with triple parathyroid adenoma: A case report and review of literature

**Reviewer’s code:** 03741310

**Reviewer’s country:** China

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2018-06-21

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**Review time:** 4 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
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<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer’s expertise on the
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publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

This is an interesting and rare case with successful diagnosis and treatments I would like to suggest its publication with some necessary revises. My concerns are the following: 1. The authors had mentioned several times that “radiological examinations” is a



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contraindication of pregnancy. The expressing is quite misleading and inappropriate. “Radiological examination” is a very broad entity, including not only CT but ultrasound and MRI etc. If the authors were trying to say examinations based on X-ray were not suit for pregnancy, please be more specific. In addition, CT is not mandatory for the diagnosis of parathyroid adenoma, for me, it won’t even be considered in such a case. So there is no need to mention what the authors have done for “continue the pregnancy”. 2. Please discuss if there were any connection of pregnancy and parathyroid adenoma. Were there any possible that pregnancy stimulate the growth of parathyroid adenoma? 3. Why the other two adenomas were not preoperatively diagnosed? The bigger one is 2.5cm × 1.5cm × 1.0cm.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

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- [Y] No

##### ***BPG Search:***

- The same title
- Duplicate publication
- Plagiarism
- [Y] No