

## PEER-REVIEW REPORT

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

**Manuscript NO:** 37923

**Title:** T-cell/Histiocyte-rich large B-cell lymphoma in a child: A case report and review of literature

**Reviewer's code:** 00504435

**Reviewer's country:** Japan

**Science editor:** Li-Jun Cui

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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		<input checked="" type="checkbox"/> No	<input checked="" 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

This paper reports a pediatric case of THRLBCL involving cervical LN. THRLBCL is a rare entity especially in children. However, there are several points to be addressed. 1. The clinical course of this case after diagnosis should be described. How was the patient treated? Did he respond to the therapy? 2. Table 2 is not necessary. 3. Clinical significance of THRLBCL is not discussed well in this paper. Why is it important to distinguish THRLBCL from other types of lymphoma including Hodgkin lymphoma? 4. Cervical invasion does not seem to be infrequent in children with THRLBCL because 7 of 17 cases with pediatric THRLBCL were reported to present as head and neck LAD (in 16 of 32 previous cases, the involved site was not indicated).