



**PEER-REVIEW REPORT**

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

**Manuscript NO:** 50336

**Title:** Calabash-like esophageal bronchogenic cyst excised by endoscopic submucosal tunnel dissection: A case report

**Reviewer’s code:** 03646542

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Surgeon

**Reviewer’s country:** Denmark

**Author’s country:** China

**Reviewer chosen by:** Artificial Intelligence Technique

**Reviewer accepted review:** 2019-09-01 08:43

**Reviewer performed review:** 2019-09-01 09:49

**Review time:** 1 Hour

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 type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input checked="" 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 type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" 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**



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Zhang et al describe a case of esophageal bronchogenic cyst treated with ESD. I have following comments/suggestions: 1) The authors describe that the patient was referred following abnormal finding on physical examination, which in fact was upper endoscopy. I suggest that you specify this in text, e.g. "the patient was referring following finding of a submucosal lesion on upper endoscopy". It is also not clear why the CT/gastroscopy were performed since the patient had no symptoms? 2) I am not sure about the gender of the patient, on page 5 the patient is referred to as a female, whereas under Personal and family history section on the same page, the patient is referred to as a male. 3) Which EUS features were consistent with the diagnosis of EBC, since this is a rare and difficult lesion type to diagnose? This is mentioned in the Discussion section, but not during case presentation. 4) I suggest you use third person narrative when explaining the ESD procedural steps. 5) Why was the cyst resected if the patient was asymptomatic? Did histopathological examination reveal any dysplasia/malignancy? 6) I suggest that you revise the manuscript critically, as there are several spelling and grammar errors. Furthermore, please use a more formal and scientific language

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

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

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**PEER-REVIEW REPORT**

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

**Manuscript NO:** 50336

**Title:** Calabash-like esophageal bronchogenic cyst excised by endoscopic submucosal tunnel dissection: A case report

**Reviewer's code:** 03262127

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Surgeon

**Reviewer's country:** Russia

**Author's country:** China

**Reviewer chosen by:** Jie Wang

**Reviewer accepted review:** 2019-10-26 01:37

**Reviewer performed review:** 2019-10-31 08:26

**Review time:** 5 Days and 6 Hours

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 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
<input type="checkbox"/> Grade E: Do not	language polishing	<input 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 type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

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The peer-reviewed paper is a nice presentation of a rare case of bronchogenic esophageal cyst treated by endoscopic surgery. Overall quality of this paper is good. Most of my comments are regarding language issues. Calabash-like esophageal bronchogenic cyst excised by endoscopic submucosal tunnel dissection: A case report (Title): I think the words Calabash-like can be removed. submucosal eminence (Case Summary, Case Presentation) - submucosal protruding mass is better. If the EBC is located in the esophageal wall and mucosal or submucosal resection is confirmed to be safe (Introduction) - ...esophageal wall, mucosal or... is better. Gastroscopy performed in another hospital showed an apophysis lesion in the esophagus at 25 cm from the incisors to the dentate line. A diagnosis of external pressure esophageal apophysis was considered (Case Presentation): apophysis lesion is a bad term. Please change it. ...to the dentate line - these excessive words can be removed. The patient had a history of hypertension for > 2 years and was treated with oral antihypertensive drugs. I think, it will be better to place this phrase in a part "History of past illness" At upper gastrointestinal endoscopy, a submucosal uplift was observed... (Imaging examinations, Treatment) - "submucosal mass was observed" is better. We then used a Haibo knife - please comment this term for a non-expert reader. It was yellow-white, soft to touch, and we use a hai bo knife - please use the same spelling (Haibo) throughout the paper. Figure 2. Endoscopic Submucosal Tunnel Dissection of the esophageal Bronchogenic Cyst: it will be better to add comments on every step of the procedure. given oral mucosal protectant for one month (OUTCOME AND FOLLOW-UP) - please add the drug name. nature of acyst (Discussion) - of a cyst is right. However, for large and deep antral growth (Discussion) - antral growth is a bad term. To be corrected. endoscopic tunnel treatmen - treatment is right. the nature of acyst - a cyst is right. intramural land extramural relationship - maybe "and"??? Anyway, there are some strengths, cause the typical findings by EUS, we made a primary diagnose and the



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histological examinations confirmed the diagnose, indicating EUS was a noninvasive and useful tool for the diagnose of EBC. - here, the word "diagnose" is presented three times. Diagnosis is right. submucosal eminence of the esophagus - see above. pathologic results verified the diagnose - see above.

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

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

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- No

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

- The same title
- Duplicate publication
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- No



**PEER-REVIEW REPORT**

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

**Manuscript NO:** 52839

**Title:** Esophageal bronchogenic cyst excised by endoscopic submucosal tunnel dissection: A case report

**Reviewer's code:** 00182114

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Professor, Surgeon

**Reviewer's country:** Japan

**Author's country:** China

**Reviewer chosen by:** Le Zhang

**Reviewer accepted review:** 2019-12-06 08:20

**Reviewer performed review:** 2019-12-08 03:40

**Review time:** 1 Day and 19 Hours

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 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
<input type="checkbox"/> Grade E: Do not	language polishing	<input 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 type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

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This is very interesting paper about the treatment and diagnosis of esophageal bronchogenic cyst. Endoscopic ultrasound (EUS) will further characterize the lesion and demonstrate whether or not the mass is contained within the esophageal musculature. EUS-guided fine needle aspiration (FNA) is increasingly performed in the diagnosis and staging of intrathoracic malignancy and has an excellent safety profile in the setting of solid masses with a complication rate of approximately 0.5%. However, this is not true in the case of cystic lesions where up to a 14% rate of complications has been described. In general, an esophageal mass which does not present with mucosal abnormality should not be biopsied or sampled with either EUS-FNA or biopsy forceps. Complications include infection, hemorrhage, and mediastinitis. I agree to author's discussion.

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

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

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- Plagiarism
- No



**PEER-REVIEW REPORT**

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

**Manuscript NO:** 52839

**Title:** Esophageal bronchogenic cyst excised by endoscopic submucosal tunnel dissection: A case report

**Reviewer's code:** 00646357

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Professor

**Reviewer's country:** Egypt

**Author's country:** China

**Reviewer chosen by:** Le Zhang

**Reviewer accepted review:** 2019-12-07 12:10

**Reviewer performed review:** 2019-12-08 06:05

**Review time:** 17 Hours

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 checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input 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
<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 checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
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-Add more on basic of bronchogenic cyst in the introduction -Discuss role of advanced imaging of mediastinum such as diffusion MR imaging using these ref -Abdel Razek AA, Gaballa G, Elashry R, Elkhamary S. Diffusion-weighted MR imaging of mediastinal lymphadenopathy in children. Jpn J Radiol 2015;33:449-54. -Abdel Razek AA, Soliman N, Elashery R. Apparent diffusion coefficient values of mediastinal masses in children. Eur J Radiol 2012;81:1311-4. -English language correction through the manuscript -Discuss merits and limitations of EUS -Update of references as most of references are old using these ref -Razek AAKA, Samir S. Differentiation malignant from benign pericardial effusion with diffusion-weighted MRI. Clin Radiol 2019;74:325.e19-325.e24.

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

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- No



**PEER-REVIEW REPORT**

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

**Manuscript NO:** 52839

**Title:** Esophageal bronchogenic cyst excised by endoscopic submucosal tunnel dissection: A case report

**Reviewer's code:** 00070537

**Position:** Peer Reviewer

**Academic degree:** BSc, DSc, MD, PhD

**Professional title:** Chief Doctor

**Reviewer's country:** Romania

**Author's country:** China

**Reviewer chosen by:** Le Zhang

**Reviewer accepted review:** 2019-12-05 06:04

**Reviewer performed review:** 2019-12-08 15:59

**Review time:** 3 Days and 9 Hours

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 checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input checked="" type="checkbox"/> Accept	<input checked="" 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
<input type="checkbox"/> Grade E: Do not	language polishing	<input 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
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Well done article, minor English language is still necessary. Please add DOI and PMID to the references.

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

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

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- No

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

- The same title
- Duplicate publication
- Plagiarism
- No



**PEER-REVIEW REPORT**

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

**Manuscript NO:** 52839

**Title:** Esophageal bronchogenic cyst excised by endoscopic submucosal tunnel dissection: A case report

**Reviewer's code:** 00071178

**Position:** Editor-in-Chief

**Academic degree:** FACS, MD

**Professional title:** Associate Professor

**Reviewer's country:** Turkey

**Author's country:** China

**Reviewer chosen by:** Le Zhang

**Reviewer accepted review:** 2019-12-08 23:32

**Reviewer performed review:** 2019-12-09 21:28

**Review time:** 21 Hours

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 checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" 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 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**



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Dear Authors Thank you for presentation this nice case. My comment as below: The authors stated that the diagnosis of esophageal bronchogenic cyst was made by EUS. I think this statement is not true. Because the definitive diagnosis is always made by histopathological examination. EUS and other radiological instruments can only be used in the preliminary diagnosis or differential diagnosis of the esophageal bronchogenic cyst.

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

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

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- Duplicate publication
- Plagiarism
- No

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

- The same title
- Duplicate publication
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