

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 68608

Title: Endoscopic ultrasonography diagnosis of gastric glomus tumors

Reviewer's code: 05046517

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: China

Manuscript submission date: 2021-05-28

Reviewer chosen by: AI Technique

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

I'm very glad to review the manuscript focusing on rare tumors and the subject of it is interesting. This manuscript reports the endoscopic ultrasonography characteristics of gastric glomus tumors through retrospective research methods. It is noted that your manuscript needs carefully checking by someone, because there are still some writing errors. For example, the first sentence of the abstract misses a word 'tumor'. Following are some minor comments: (1)The sample size of this study is small and the information provided are limited. (2)No method of contrast-enhanced CT is provided. (3)There is no indication of the inclusion and exclusion criteria of cases, and there may be a preference for selection. (4)There is no summary table for the characteristics of these 12 cases, and the analysis is not comprehensive enough. (5)Figure 2 only provides images of the arterial phase, lacking the portal phase, delayed phase and plain scan, and does not give the arrow mark. (6)Do not point out the differential diagnosis with other diseases, and the specificity of characteristic changes under endoscopic ultrasonography.

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 68608

Title: Endoscopic ultrasonography diagnosis of gastric glomus tumors

Reviewer's code: 03259026

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Doctor, Professor

Reviewer's Country/Territory: Nepal

Author's Country/Territory: China

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

I would like to thank the author for conducting the study on the rare but interesting topic of gastric glomus tumor, being diagnosed by Endoscopic Ultrasound. This is a study of 12 cases of gastric glomus tumor characterised by EUS, CT scan and pathology and seems to be a case series. In the Endoscopic Ultrasound section, it is written in the first line that all lesions were located in the gastric antrum during gastroscopy, but again subsequently it is mentioned that 3 cases had lesions located in the antrum and 9 had in lesser curvature (body) of stomach. Hence, the location of lesion seems to be contradictory, whether whole lesions were in the gastric antrum or some in the antrum and some in the lesser curvature (body) of stomach. It is better to clarify this point. I have some other specific comments regarding the manuscript: 1.Starting letter in the abstract should be capital: objective:to be replaced by... Objective 2.Core tip: Gastric glomus tumor is a rare non-epithelial benign tumor, it is difficult to diagnose gastric glomus with upper gastrointestinal endoscopy.....to be replaced by Gastric glomus tumor is a rare non-epithelial benign vascular tumor and is difficult to diagnose with upper gastrointestinal endoscopy. 3.Introduction line 1: Glomus tumor is a rare non-epithelial benign tumor....to be replaced by Glomus tumor is a rare non-epithelial benign vascular tumor 4.Introduction line 5: mediastinal lung, nose, pharynx, sacrococcygeal etc.to be replaced by..... mediastinal lung, nose, pharynx, sacrococcygeal region etc. 5.Patient and case selection, last sentence: All patients underwent endoscopic ultrasound and abdominal enhanced CT scan before treatment.....to be replaced by.... All patients underwent endoscopic ultrasound and abdominal contrast enhanced CT scan before treatment. 6.Histopathological examination: last line: immunohistochemical SMA, h-caldesmon and Vimentin were positive as the diagnosis basis.....to be replaced by.... Immunohistochemical SMA, h-caldesmon and Vimentin were positive as the diagnosis basis 7.Endoscopy ultrasound section: Under

gastroscope,to be replaced by.... During gastroscopy, 8.Endoscopic Ultrasound section, line 3: 10 cases had smooth hemispherical bulges of the mucosa.....to be replaced by..... Ten cases had smooth hemispherical bulges of the mucosa 9.Computed Tomography (CT) Features section, line 2: CT showed well-defined subepithelial masses with homogeneous soft tissue densities with clear margins with perigastric adipose.....to be replaced by.... CT showed well-defined subepithelial masses with homogeneous soft tissue densities with clear margins with perigastric adipose tissue. 10.Pathological examination section: Giant examination: 9 cases of ESD resection of tumor, 3 cases of partial gastric wall and tumor. This sentence is clumsy. Does it mean to say... Gross examination ?? 11.Computed Tomography (CT) Features section, line 5: capillaries The tumor cells.....to be replaced by.... capillaries.The tumor cells 12.The tumor had abundant blood supply, dilated blood vessels were visible in the surrounding muscularis, clear or light red cytoplasm, and no atypia or mitosis.....to be replaced by..... The tumor had abundant blood supply; dilated blood vessels were visible in the surrounding muscularis along with clear or light red cytoplasm, and no atypia or mitosis 13.Discussion section, second paragraph, second last sentence: The lesion was occasionally found by gastroscopy examination in 3 patients, and by fecal occult blood in 2 patients.....to be replaced by... The lesion was found by gastroscopy examination in 3 patients, and by fecal occult blood in 2 patients. 14.Discussion section, second paragraph, last sentence: The data showed that female patients were slightly more than male patients, and the lesions were located in the gastric antrum, which was basically consistent with the literature reports....to be replaced by..... The data showed that female patients were slightly more than male patients, and the lesions were located in the gastric antrum, which was basically consistent with the literature reports. 15.Conclusion section, second sentence: Gastric antrum locating, fourth layer originating, solitary, round slightly hypoechoic with halos at the margins is typical manifestation of



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gastric glomus tumors.to be replaced by..... Gastric antrum location, origin from the fourth layer, solitary, round and slightly hypoechoic lesion with halos at the margins are typical manifestations of gastric glomus tumors. 16. Based on the endoscopic ultrasound features and the performance of enhanced CT, the diagnosis of gastric glomus tumor can be basically confirmed clinically....to be replaced by.... The diagnosis of gastric glomus tumor can be basically made clinically based on the endoscopic ultrasound features and the performance of contrast enhanced CT [as the confirmatory diagnosis is always by the pathological examination]

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 68608

Title: Endoscopic ultrasonography diagnosis of gastric glomus tumors

Reviewer's code: 05429162

Position: Peer Reviewer

Academic degree: MD

Professional title: Academic Fellow, Doctor, Research Fellow

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-05-28

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Summary Bai et al. reported clinical series of gastric glomus tumors diagnosed with endoscopic ultrasonography. Although the manuscript was well described, there are some major point to be revised. Major points [2. Material and methods-2.1 patients and case selection] 1) The authors described that 9 cases out of 12 cases underwent ESD. As the authors stated, glomus tumors were developed from muscularis propria. Theoretically, tumors from muscularis propria could not completely resected with ESD so that the glomus tumor does not have an indication for ESD. The authors should describe the reason why the tumors were resected with ESD. [2. Material and methods-2.2 Histopathologic Examination] 1) The authors performed immunohistochemistry (IHC) for diagnosis, However, the IHCs were only performed with SMA, h-caldesmon and Vimentin. However, these IHCs were not enough to distinguish the glomus tumors from other types of gastric submucosal tumors. Please consider to perform Calponin, CD34, S100, Desimin and Keratins (Mravic et al. Int J Surg Pathol. 2015 May;23(3):181-8. doi: 10.1177/1066896914567330.) [3. Result- 3.1 Endoscopic Ultrasound] 1) The main text in this section is very confusing and readers may not be able to understand what the typical EUS findings are. Please make a table or figure to describe the correlation between morphological types and EUS findings in each case. [3. Result- 3.3 Pathological Features] 1) The authors described the results of histological examination in this section. The authors also described some characteristic EUS findings in previous section (i.e. halos with lower echo, fuzzy inner boundary). Please describe more specific pathological findings comparing with characteristic EUS findings in previous section, so that the readers can easily find why these EUS findings has been occurred. [4. Discussion] 1) The authors stated that "A few cases have metastasis, but most of them are benign." Although Folpe et al. proposed the criteria of malignant gastric glomus tumors, we may no longer be able to consider the tumors is

“benign” when they have metastases. (Watanabe et al. Br J Dermatol. 1998 Dec;139(6):1097-101. doi: 10.1046/j.1365-2133.1998.02574.x). Please reconsider the main text and discuss further. 2) It is uncertain that the symptoms of epigastric discomfort, acid reflux and heartburn were truly correlated with tumor development. Please discuss the typical symptoms of the glomus tumor and whether these symptoms were consistent with those symptoms.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 68608

Title: Endoscopic ultrasonography diagnosis of gastric glomus tumors

Reviewer's code: 05429162

Position: Peer Reviewer

Academic degree: MD

Professional title: Academic Fellow, Doctor, Research Fellow

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Thank you very much for the opportunity to review this article. The authors provided appropriate comments to my questions, and I think this revision is acceptable for publication.