



PEER-REVIEW REPORT

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Reviewer's code: 03529802

Position: Peer Reviewer

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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 Grade E: Do not publish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 checked="" type="checkbox"/> Grade A: Priority publishing <input 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



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SPECIFIC COMMENTS TO AUTHORS

Mucinous appendiceal neoplasms are rare entities and are indicated for surgery in many cases because of possible peritoneal pseudomyxoma as a result of rupture. The authors indicated in this paper the classification of mucinous appendiceal neoplasms made by the Peritoneal Surface Oncology Group (PSOGI) containing LAMNs, HAMNs and mucinous adenocarcinomas. Given its malignant potential, right hemicolectomy was too invasive for LAMNs and it has been considered that simple appendectomy or ileocecal resection were sufficient. Whereas, extensive colectomy and lymph node dissection was required for mucinous adenocarcinomas. However, even LAMNs have recently been recognized as borderline malignancy because of the potential of pseudomyxoma and some reports of residual recurrence after surgery. Therefore, there was no clear evidence or consensus on the operative method for mucinous appendiceal neoplasms according to its classification so far. Moreover, the most serious issue was that it was extremely difficult to distinguish pre- and intraoperatively whether the tumor was benign or malignant. Consequently, when we perform surgery under the diagnosis of mucinous appendiceal neoplasm, a common strategy is to perform a complete local resection and then determine whether additional surgery is needed based on the final pathological results of the excised specimen. The authors now reported a case of a huge appendiceal mucocele finally diagnosed with LAMN and indicated the strategy of preoperative diagnosis and surgical procedure. That was just a standard strategy as described above. The authors need to answer the following queries to publish this article. Major 1. After all, what do you most want to convey to your readers in this article? Is it that simple appendectomy was sufficient as a treatment, or that it was good to choose open surgery? If you would rather want to emphasize that you have diagnosed the tumor as benign preoperatively, there is a lack of explanation, I think, which findings were definitive for diagnosis. 2. The authors mentioned a simple appendectomy can suffice for benign



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appendiceal neoplasms such as this case (page 5, line 11). But it was mere a hindsight bias, I think. The biggest problem about these tumors is the difficulty of choice of operative method due to the difficulty of preoperative differential diagnosis between benign and malignant. When and why were you able to rule out the possibility that this tumor was malignant? 3. Page 5, line 6, you mentioned that magnetic resonance imaging (MRI) is useful for identifying peritoneal disease. Did you perform MRI in this case as well? If you did not, why not? 4. Figures 1 and 2 should be combined into a single figure (CT findings), and the ultrasound findings should also be presented. If you have performed other diagnostic examination such as MRI, you should also show them. It may be better to present a photo of peritoneal fluid which was gathered during operation, if you have. These recommendations are because of the lack of the evidence for pre- and intraoperative diagnosis of LAMN. 5. Explanation of the pathological findings was required in the text or in the figure legends. Particularly, the definitive findings confirmed with LAMN and the distinguishing points from HAMNs and mucinous adenocarcinomas. 6. Macroscopic image of cutting surface was needed as well as microscopic image(s). And an explanation was required for each. Minor 1.

In figure 1, erase the CT manufacturer name (PHILIPS). It may be related to conflicts of interest. 2. Describe the magnification ratio of objective lens on the microscopic pathological photos.