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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 2886

Title: Epstein-Barr virus negative primary hepatic leiomyoma:

Reviewer code: 00483991

Science editor: s.x.gou@wjgnet.com

Date sent for review: 2013-03-23 14:28

Date reviewed: 2013-03-28 21:52

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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 type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS

COMMENTS TO AUTHORS:

An interesting case report showing EBV infection is neither necessary nor sufficient for the development of primary liver leiomyoma. This observation highlights the complex and heterogeneous nature of the disease and raises the question whether EBV is a passenger rather than a causative agent for this malignancy. It is clear more research is needed in understanding the mechanism behind this rare but interesting cancer. Of note, table 1 is an excellent resource. Well done. Comments - References needed in the introduction. - In the discussion I would recommend the authors discuss the requirement of an international primary hepatic leiomyoma sample bank to allow researchers to untangle its complex pathogenesis using current omics- and system-based methodologies.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 2886

Title: Epstein-Barr virus negative primary hepatic leiomyoma:

Reviewer code: 01553776

Science editor: s.x.gou@wjgnet.com

Date sent for review: 2013-03-23 14:28

Date reviewed: 2013-03-30 16:27

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[] Grade A (Excellent)	[] Grade A: Priority Publishing	Google Search:	[] Accept
[] Grade B (Very good)	[] Grade B: minor language polishing	[] Existed	[] High priority for publication
[Y] Grade C (Good)	[Y] Grade C: a great deal of language polishing	[] No records	[] Rejection
[] Grade D (Fair)	[] Grade D: rejected	BPG Search:	[] Minor revision
[] Grade E (Poor)		[] Existed	[Y] Major revision
		[] No records	

COMMENTS

COMMENTS TO AUTHORS:

Major points: This case report is very briefly written. In fact, the patient had been on immunosuppressive regimens (not regimes) of tacrolimus, azathioprine and prednisolone. It was not clarified how long and how much doses the patient was on such a therapy. More detailed information is required. Also, the patient's immunological profiles such as absolute lymphocyte counts, data on flowcytometric T-cell, B-cell analysis as well as T-cell function are required. The authors did not mention if the patient was actually immune-compromised or if the development of hepatic leiomyoma was related to current or previous immunosuppressive treatment. EBV-negativity was discussed only by EBER-ISH results; but readers may want to know EBV genome copies in peripheral blood as well as serum anti-EBV-titers. Table 1 includes 4 pediatric (age <18 years) cases. Comments are required if the developmental mechanism(s) are the same or different between pediatric and adult cases. This case is better included in the Table as Present case for comparison of the data with those of the published cases. Minor points: (1) The authors claim that this is the 29th case in the world; but readers may doubt how accurate and thorough the authors' survey was. Maybe, it is better say that the authors found at least 28 cases in the literature. (2) In Introduction, only 27 cases, and In Discussion, only 28 cases. (3) Page4, line 6; DOG1 (Discovered on GIST1) is better. (4) Figure BCD were all HE staining; why not showing specific alpha-SMA or desmin (5) Figure 3; because the results were negative, maybe positive and negative controls are better to be shown together.