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ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
ESPS Manuscript NO: 9030
Title: Intra-abdominal inflammatory myofibroblastic tumor: Need for surgery or conservative therapy?
Reviewer code: 02662861
Science editor: Ya-Juan Ma
Date sent for review: 2014-01-17 17:13
Date reviewed: 2014-01-26 22:17

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

COMMENTS TO AUTHORS
This article should be revised.

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ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
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Title: Intra-abdominal inflammatory myofibroblastic tumor: Need for surgery or conservative therapy?
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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[Y] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[Y] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	
[ ] Grade D (Fair)		BPG Search:	[ ]Rejection
[ ] Grade E (Poor)	[ ] Grade D: rejected	[ ] Existed	[ ] Minor revision
		[ ] No records	[Y] Major revision

COMMENTS TO AUTHORS

The paper is interesting but the main criticism deals with the final pathological diagnosis of IMT. 1) The authors do not describe in detail the morphological appearance of both biopsies from the two patients. 2) Case n.2. Did the diagnosis of IMT render on the basis of the identification of a fibro-inflammatory lesion within lymph node? It is unlikely. This is not clear to me. 3) Why did not the authors perform any immunohistochemical analysis? This is not acceptable for the final diagnosis of IMT. The spindle cells of IMT are usually positive, albeit with variable extension, for desmin, ?-smooth muscle actin, and in 40-50% of cases with ALK-1 protein. As the presumptive diagnosis of IMT in the present paper is based only on small biopsies, these immunohistochemical markers are necessary for confirming the diagnosis. 4) In my opinion the diagnosis of IMT should be rendered with caution if tumor occurs in middle aged or older adults and if it is ALK1-negative. In this regard I suggest to discuss this crucial point in the section “Discussion”, including in the reference list the following two pertinent papers (Gleason BC & Hornick JL: Inflammatory myofibroblastic tumours: where are we now? J. Clin. Pathol; 2008; 61: 428–437; Vecchio MG et al. Post-traumatic inflammatory pseudotumor of the breast with atypical morphological features: A potential diagnostic pitfall. Report of a case and a critical review of the literature. Pathol Res Pract; 2011: 207: 322-26). 5) If immunohistochemical results demonstrate the myofibroblastic nature of the spindle cell component (namely, expression of desmin and/or ?-smooth muscle actin), the results of ALK-1 protein is crucial for the final diagnosis of IMT 6) Infact if ALK-1 protein is negative, I suggest to designate both lesions as “Inflammatory pseudotumor” and not as “IMT”. Although the

origin site could be consistent with IMT, however the age of patients (not pediatric or adolescent patients) and the "possible" ALK-1 protein negativity (please, perfom immunohistochemical analysis for this marker) , argues against a definitive diagnosis of IMT, and the lesion should be better labeled as "inflammatory pseudotumor". English language should be improved. I tried to make some corrections marked in red (see attached original revised file)

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ESPS Peer-review Report
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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 TO AUTHORS

Comments to Authors The authors have described two cases of intra-abdominal inflammatory myofibroblastic tumor which showed spontaneous resolution without intervention. The article highlights an important point which has important therapeutic implications. However the article needs major revision before acceptance is considered ? Extensive Language corrections are needed. Many of the language corrections have been highlighted as bold in the reviewed manuscript ? The CT findings have not been well described- location, size, enhancement pattern of lesion need to be described. In case 1, the lesion has been described as retroperitoneal in origin and invading posterior abdominal wall and of size measuring 15 x 8cm, However the image provided shows the lesion to lie in the root of the mesentery anteriorly and is much smaller in size. Additional images have to be provided to show the location, size and infiltration of the tumour. Also it needs to be specified if there was complete resolution of tumour with no residual small tumour or inflammatory changes left on imaging ? The histopathological details provided are inadequate for definite diagnosis of IMT. Since the authors are trying to conclude that few IMTs show spontaneous resolution and the presence of ALK and aneuploidy are known to have more chances of recurrence, it is important to specify the presence or absence of ALK and aneuploidy in your cases ? In Case 1 tumour showed complete regression in 3 weeks and at end of 3 months no relapse was detected. Was CT done again at 3 months? This is not clear in the manuscript and needs to specified. Similarly in the second case after 1 yr follow up, was CT done again to show no recurrence? It will be difficult without imaging to conclude there was no recurrence ? In your literature review please specify upto

what size tumours have shown complete resolution (maximum size of tumour reported in literature which has shown complete resolution) ? It will be helpful to know what is the reported risk of malignancy or metastases (%) reported in the literature for IMT.