

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 10336

Title: Lymphangitic Spread from Appendiceal Adenocarcinoma to Ileocecal Valve, Mimicking Crohn's Disease

Reviewer code: 00180739

Science editor: Ya-Juan Ma

Date sent for review: 2014-03-27 20:45

Date reviewed: 2014-03-28 02:08

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" 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"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" 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 checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The presented case report is a very rare and interesting situation. Prior to being published it would be nice to add a bit more of the patients history after being operated. What kind of palliative means have been performed? I guess that the patients could not have survived with this kind of stenosis or was the tumor not blocking completely. How was the peritoneal situation? Did you see any signs of peritoneal cancerous?

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Title: Lymphangitic Spread from Appendiceal Adenocarcinoma to Ileocecal Valve, Mimicking Crohn's Disease

Reviewer code: 00055096

Science editor: Ya-Juan Ma

Date sent for review: 2014-03-27 20:45

Date reviewed: 2014-04-03 23:07

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 checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" 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	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The manuscript analyses an interesting, although rare, malignant appendiceal condition mimicking an IBD. The case is quite clearly presented, as well as the related literature available. I only have some personal concerns mainly related to the presentation of the case itself, however not affecting the general sense of the authors' findings. 1. There is the possibility that the malignant condition of the appendix could be in some way part of a CDH1-associated hereditary gastric carcinoma. There are infact some recent reports of a possible occurrence of appendiceal neoplasm in patients with known CDH1 mutation carrier status (Hamilton LE et al, BMC Gasoenterol 2013, 12;13:114). I wonder whether some informations could be given regarding or ruling out this possibility in the case presented. 2. Advanced signet ring cell carcinoma seem to respond to systemic chemotherapy (Lieu CH et al. Ann Oncol 2012;23,3:652-8). As final report of the patient's history, it could be interesting, if available, to know whether or not a chemotherapy attempt was scheduled, once the tumor was deemed unresectable. 3. The possibility of an appendiceal neoplasm to mimick other conditions represents a dilemma well present in the literature. It could be useful to put in the References section some further citations regarding these possibilities (i.e. Mastoraki A et al. J Gastrointest Cancer 2010;41,2:141-4; Fusari M et al. Acta Radiol Short Rep 2012; Oct 5,1(9). Wilfred DC et al. J Clin Diagn Res 2013; 7,8:1747-9).

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ESPS manuscript NO: 10336

Title: Lymphangitic Spread from Appendiceal Adenocarcinoma to Ileocecal Valve, Mimicking Crohn's Disease

Reviewer code: 00051581

Science editor: Ya-Juan Ma

Date sent for review: 2014-03-27 20:45

Date reviewed: 2014-04-12 03:51

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"/> Existing	<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 checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The authors have published a case report titled "Lymphangitic spread from appendiceal adenocarcinoma to ileocecal valve, mimicking crohn's disease". The case report is well-written and flows well. The authors have described an unusual pattern of appendiceal tumor spread appearing similar to the presentation of Crohn's disease on imaging modalities. The case report describes an elderly female presenting with epigastric pain and change in bowel movements for months with abnormal CT imaging. Endoscopic imaging was in keeping with a swollen, distorted ICD that could not be intubated, however, mucosal biopsies were positive for a lymphangitic signet ring cell neoplasm. Although this is an interesting case, I am not convinced this manuscript is appropriate for a GI focused journal. It appears that much of the novel findings are CT/radiologic based. Perhaps a Radiology focused journal may be more appropriate for this manuscript. From a GI perspective, we often see radiographic presentations of suspected IBD, with a large differential diagnoses. In this case, the endoscopic biopsies readily provided a diagnosis. Therefore, the lack of diagnostic dilemma or novelty of endoscopic findings may render this manuscript not suitable for this journal.