

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Oncology*

**Manuscript NO:** 73608

**Title:** Primary hepatic angiosarcoma manifested as hepatic sinusoidal obstruction syndrome: A case report

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 03476120

**Position:** Editorial Board

**Academic degree:** BSc, FACS, FASCRS, FICS, FRCS, FRCS (Ed), MBBS, MCh

**Professional title:** Professor

**Reviewer's Country/Territory:** India

**Author's Country/Territory:** China

**Manuscript submission date:** 2021-11-27

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-12-07 07:14

**Reviewer performed review:** 2021-12-07 07:49

**Review time:** 1 Hour

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 Grade E: Do not publish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 type="checkbox"/> Grade B: Minor language polishing <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="radio"/> ] Anonymous [ <input type="radio"/> ] Onymous Conflicts-of-Interest: [ <input type="radio"/> ] Yes [ <input checked="" type="radio"/> ] No
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## SPECIFIC COMMENTS TO AUTHORS

Rare case of PHA reported by authors is interesting. Some of the comments are follows:

1. Rephrasing of sentences of physical findings are required at two places -one in the abstract and other in the main body of the case report under heading --Physical examination upon admission "Physical examination was significant for the right and left upper quadrant for pain and tenderness. Percussion elicited pain over the liver area." It may phrased as "both the liver and spleen were enlarged and liver was tender on percussion"
2. What was the differential diagnosis at admission ?based on clinical presentation and CT Scan?
3. Why was Trans jugular biopsy planned ?
4. Figure 5 may be deleted and be put in the text as there are too many figures.
5. Indications of Trans jugular liver biopsy in cases of hepatosplenomegaly may be added in discussion
6. Grammar needs correction

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**Reviewer's code:** 02445854

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Doctor, Research Assistant Professor

**Reviewer's Country/Territory:** Italy

**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 type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input checked="" type="checkbox"/> Grade E: Do not publish
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## SPECIFIC COMMENTS TO AUTHORS

This report presents a case of primary hepatic angiosarcoma and it is claimed that it manifested as hepatic sinusoidal obstruction syndrome (SOS). It is unclear on what criteria the suspicion of SOS was based. To the best of my knowledge, acute SOS typically presents with abdominal pain and swelling, sudden weight gain due to fluid accumulation and signs of portal hypertension (ascites, edema, varices). Liver histology demonstrates obstruction of sinusoids in central areas (and not dilation as reported in this case) with hepatocyte necrosis and hemorrhage. The clinical syndrome is similar to Budd Chiari syndrome (hepatic vein thrombosis), but the obstruction is due to narrowing and occlusion of sinusoids and small hepatic venules. The case presented in this manuscript had a weight loss and not a weight gain with abdominal swelling, and there were no signs of portal hypertension. Therefore, except for abdominal pain, the typical clinical signs of acute SOS were not present.

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**Reviewer's code:** 04105454

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Professor

**Reviewer's Country/Territory:** Egypt

**Author's Country/Territory:** China

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**Review time:** 1 Hour

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
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#### **SPECIFIC COMMENTS TO AUTHORS**

discussion is too long conclusion too long and you can not suggest this statement from  
one case report