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PEER-REVIEW REPORT

Name of journal: World Journal of Radiology

Manuscript NO: 76495

Title: Contrast enhanced MDCT features and histogram analysis can differentiate

ameloblastomas from central giant cell granulomas (CGCGs).

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03699990 Position: Editorial Board Academic degree: MD, PhD

Professional title: Chief Doctor, Director, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: India

Manuscript submission date: 2022-03-19

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-05-14 00:54

Reviewer performed review: 2022-05-30 00:59

Review time: 16 Days

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[]Yes [Y]No



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

SPECIFIC COMMENTS TO AUTHORS

From 2011 to 2019, four clinical studies on MDCT tissue texture features were retrieved from PubMed, involving osteoporosis, liver fibrosis, gastric cancer and renal solid lesions. In this paper, The authors describe the MDCT features of central giant cell granuloma (CGCG) and ameloblastoma, and qualitatively compare the enhancement differences between the two lesions by histogram analysis. Some CT findings were found to be of clinical practical value in the differential diagnosis of the two diseases. The manuscript needs some revision. It may be more appropriate to adjust the part about tumor size in Table 2 (expression about the histogram parameters comparing the extent of enhancement seen in the soft tissue component of ameloblastomas and Central Giant Cell Granulomas) to table 1. Why two 95% confidence intervals appear in Table 3? The position of volume in Table 3 confused me. Regarding the AUC analysis, whether the ROC curve of the parameters with distinguishing value could be provided? which is more intuitive to evaluate the parameters with differential diagnostic value and the corresponding threshold. MR is not involved in the research content of the paper. Is table 4 deleted? Whether the red text in the results can be integrated into the relevant content in the discussion.



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Reviewer's code: 05643692 Position: Editorial Board Academic degree: PhD

Professional title: Chief Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: India

Manuscript submission date: 2022-03-19

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-05-31 11:49

Reviewer performed review: 2022-06-09 00:49

Review time: 8 Days and 13 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[]Yes [Y]No



Baishideng **Publishing**

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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

1. There are many cystic and solid lesions in the mandible, such as fibrous dysplasia. Why do you choose to differentiate between central giant cell granuloma and ameloblastoma? Please introduce the difficulties of differential diagnosis between them in the preface and look for literature support. 2. Please modify the chart according to the relevant format of the publishing group.