



**ESPS PEER-REVIEW REPORT**

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

**ESPS manuscript NO:** 31055

**Title:** Intermittent facial spasms as the presenting sign of a recurrent pleomorphic adenoma.

**Reviewer’s code:** 03472656

**Reviewer’s country:** Brazil

**Science editor:** Shui Qiu

**Date sent for review:** 2016-10-31 16:07

**Date reviewed:** 2016-11-11 08:00

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

**COMMENTS TO AUTHORS**

In this manuscript, the authors report an interesting case of carcinoma ex pleomorphic adenoma arising in the background of a recurrent pleomorphic adenoma with the astonishing clinical finding of facial spasms. Some questions and suggestions are below: - In abstract there are some repetitive information. It would be interesting to restructure this section. - In section "introduction", the authors state: "...We report a malignant parotid tumor arising in a recurrent benign tumor...". Malignant transformation has been reported in several types of benign salivary gland tumors besides pleomorphic adenoma, including Warthin tumor, basal cell adenoma and myoepithelioma. Thus, this statement seems generic and sounds good to rewrite this sentence as "We report a case of carcinoma arising in a recurrent pleomorphic adenoma (i.e., carcinoma ex pleomorphic adenoma)"... or something like this. - In "case report", it is stated that "Within the nodules, two foci of early non-invasive carcinoma were identified. Within one nodule a 4 mm focus of cytologically malignant cells surrounded by benign appearing epithelial elements was identified. In a separate nodule, an intraductal malignant neoplastic proliferation exhibiting an intact benign myoepithelial cell rim was



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noted. None of the malignant neoplastic foci showed invasion into adjacent fibroadipose tissue and nerves". This pathological description is compatible with a non-invasive CXPA. Therefore, it is unlikely that facial spasms were secondary to carcinomatous invasion. How do the authors explain this curious clinical finding in the clinicopathological picture described? This discussion is not present in the text, but it would be very interesting. - In "conclusion" the authors use the term "dedifferentiation" to describe malignant transformation of pleomorphic adenoma. Dedifferentiation is a term firstly used to describe dedifferentiated chondrosarcoma, which histologically shows chondroid areas associated with high-grade sarcomatous areas (i.e., dedifferentiated areas). However, both high and low-grade malignancies may arise in pleomorphic adenoma, and this term may not be appropriated to this setting. - Figure 3 shows a multinodular neoplastic growth compatible with recurrent pleomorphic adenoma. The circled area highlights two peripheral nerves and not neoplastic nodules. Besides this, it is important to show in the photomicrographs the aspects of carcinomatous areas and its relationship with adjacent tissues.



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**Title:** Intermittent facial spasms as the presenting sign of a recurrent pleomorphic adenoma.

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<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

**COMMENTS TO AUTHORS**

Thank you for the opportunity to review this case report. It is a well written and clearly presented case report. Still, i think a few issues have to be clarified. -) Hemifacial spasms where already described in literautre. What makes the authors believe that the malignant aspect of the tumor caused the spasm and so makes this case unique? -) Have other differential diagnoses as listed by the authors and e.g. prior ear surgery have been excluded? -) Has there been any paresis of palsy of the facial nerve concomitant with presentation of spasms? What are the authors explanations or pathophysiological hypotheses for facial spasm in this tumor entitiy, especially if perineural invasion was not observed? Further issues: -) Page 8 line 5: Citation is unclear, please cite primary literature. -) When citing, sometimes authors write a blank between full stop and parentheses, sometimes not - unification recommended.



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**Reviewer's country:** Japan

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<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
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### COMMENTS TO AUTHORS

One additional piece of information that would be useful for the authors to add is the extent to which tumor size (or volume) affected the uptake and decrease of IV contrast. This would be valuable information to note particularly for the War-T and BCA subtypes. Minor editing to improve some awkward sentences and grammatical errors should also be undertaken.