

## ESPS Peer-review Report

**Name of Journal:** World Journal of Surgical Procedures

**ESPS Manuscript NO:** 3583

**Title:** The treatment of cervico-mediastinal goiters : results of our ten year experience

**Reviewer code:** 00503773

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-05-08 10:13

**Date reviewed:** 2013-05-16 20:19

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"/> Existed	<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 type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

I read the manuscript entitled “ The treatment of cervico-mediastinal goiters: results of our ten year experience”. My recommendation about this manuscript as follows: FNA biopsy is not considered to play a critical role preoperative evaluations of the malignite risks in patients with mediastinal goiters. FNA usually not recommended in patients with mediastinal goiter since it is technically difficult, complication rates are high, and the material obtained is often inadequate. FNA should not be performed on the mediastinal component as it involves a risk of bleeding and damage to the mediastinal structures. On the other hand, the results of 23 patients who underwent FNA biopsy were not included in the Discussion section. The discussion of the indications of sternotomy is not sufficient in the Discussion section. When and how was the decision of sternotomy made for the patients who underwent this operation? Were the authors able to decide to proceed with sternotomy pre-operatively? For surgeons performing thyroidectomy, it is essential to pre-operatively identify patients requiring sternotomy, in order to plan the presence of a multi-disciplinary team, and to correctly inform the patient about the approach. The indications of sternotomy include the ?nvolvement of the posterior mediastinum, extension of the goiter to the aortic arch, recurrent goiter, superior vena cava obstruction, malignancy with local involvement, and emergent airway obstruction, when a goiter is iceberg shaped and more than 70% of it resides within the mediastinum, posterior mediastinal goiter with contralateral extension, mediastinal goiters with mediastinal blood supply, revision cases, significant hemorrhage, and when the diameter of the mediastinal nodule significantly exceeds the diameter of the thoracic inlet . There is a typological error at line of five in the Discussion section. Midollar should be corrected as medullar. The relevant literature is not reviewed thoroughly. The given references are insufficient. I think that this



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manuscript is a revision require.