



PEER-REVIEW REPORT

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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 Grade E: Do not publish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 checked="" type="checkbox"/> Grade B: Minor language polishing <input 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
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

Osseous Rosai-Dorfman Disease of tibia in children: a case report and literature review

This case report presents a rare case of pediatric RDD of tibia, and details the diagnosis, treatment, and follow-up. There is a clear clinical reference for the differential diagnosis of pediatric bone tumors and the treatment of primary RDD of bone. Following points need to be addressed. 1. English language should be thoroughly checked, please pay attention to grammatical, expressive and tense errors. 2. The background section of the abstract is not really relevant to this manuscript. Please rewrite this part. 3. More detailed description needs to be included in the figure legends. 4. Table 1 need to be confirmed: The author writes that: "no more than 7 cases of primary intra-osseous RDD of tibia have been described in the English literature". However, Table 1 showed 7 publications including 12 cases. Reference 15 "Primary Rosai-Dorfman Disease of Bone A Clinicopathologic Study of 15 Cases" which reported some tibia cases as well should be included in Table 1? Please check literature thoroughly to complete this Table.

If RDD of tibia is summarized, the difference between RDD of tibia and other RDD of bone may be interesting to discuss. 5. Reference [25] is cited in the text in the first paragraph of Discussion, but there is no "reference 25" in the reference list. 6. The author states that: "The occurrence of RDD along with Primary involvement of bone is rare, estimated at 2-8% of cases [8]". However, there is no clue of this aspect in the reference 8. Please confirm if the correct reference is cited. 7. The discussion section needs to be modified.: The focus of this manuscript is to highlight the diagnosis and treatment of RDD of bone in children. Therefore, the emphasis should be on the diagnosis and differential diagnosis of pediatric bone tumors. The authors provide an extensive introduction to the general knowledge of RDD, but there is a lack of focused discussions of pediatric RDD. Radiological examination plays a crucial role in the



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diagnosis of pediatric RDD, more discussion regarding this aspect need to be added. Which methods are preferred? Which imaging features should be noted? Which conditions should be considered for surgical treatment? For pediatric RDD of bone, especially for children who have been performed surgery, the postoperative recovery and long-term results need to be discussed. What is the difference between pediatric and adult surgery? Does it affect growth and development? What is the possibility of recurrence? What are the treatment strategies for recurrent RDD of bone? The author states that “most of the authors consider it a benign, proliferative, and self-limited process with excellent prognosis [13-14]”. However, these two references are from the discoverers of the disease (Rosai J and Dorfman RF) which are too old to illustrate this point. Please update latest opinions. The author states that: “In a recent case series of osseous RDD, the cranium (31%), facial bones (22%), and tibia (18%) were most commonly affected, followed by the spine/sacrum, femur, and pelvis”. References are missing here Please confirm reference 11 where it is cited, is not really relevant to the content. The author writes that: “In some cases affected individuals have shown improvement of symptoms with these treatments. In other cases, drug therapies seem to be ineffective, the treatment is directed to solve specific symptoms that are apparent in each individual.” References are missing and message is unclear in this paragraph.