Name of journal: World Journal of Clinical Cases

Manuscript NO: 78472

Title: Bilateral occurrence of sperm granulomas in the left spermatic cord and on the right epididymis: a rare case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 02482011

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer’s Country/Territory: Turkey

Author’s Country/Territory: China

Manuscript submission date: 2022-06-28

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-06-29 09:28

Reviewer performed review: 2022-07-03 10:42

Review time: 4 Days and 1 Hour

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<th>Grade B: Very good</th>
<th>Grade C: Good</th>
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<td>Conclusion</td>
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SPECIFIC COMMENTS TO AUTHORS
Revision requireds

It has been revised according to the specific comments in the file.
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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 03976790

Position: Editor-in-Chief

Academic degree: DSc, PhD

Professional title: Emeritus Professor

Reviewer’s Country/Territory: France

Author’s Country/Territory: China

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Reviewer accepted review: 2022-07-06 11:58

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Review time: 4 Days and 19 Hours

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| Re-review | [ Y] Yes | [ ] No |
SPECIFIC COMMENTS TO AUTHORS
Comments on the manuscript: “Bilateral occurrence of sperm granulomas in the left spermatic cord and on the right epididymis: a rare case report” Sperm granuloma usually diagnosed on the basis of postoperative histopathological and immunohistochemical examination is common in unilateral nodules. The manuscript concerns a case of sperm granuloma observed in the left spermatic cord and on the right epididymis of a 46-year-old patient, with a recurrence 3 months after surgical resection. This case brings new elements which will certainly be useful for the understanding of this pathology. however, the manuscript requires some improvements before it can be considered for publication
Page 2, line 39: in the abstract, paragraph "background", the authors say that "sperm granuloma is a rare disease", and, just after, that "sperm granuloma is common in unilateral nodules". There is an inconsistency between "rare" and "common". I guess this is a question of expression and the sentence could be changed.

According to the reviewer’s comment, we have changed “sperm granuloma is common in unilateral nodules” to “sperm granuloma often occurs unilaterally”.

Page 4, line 117. Laboratory examinations. This part needs to be described in more detail. What were the techniques used? Looking at the photos, I saw that hemalun-eosin staining was used, which is not shown here: specify this part. For immunohistochemistry, give some details on the antibodies used (name of antibody, manufacturer or distributor, reference?) What was the technique used? The direct or indirect immunohistochemical method? If it's an indirect, what was the second antibody
with its references? What was the staining method (peroxidases or other?), the chromogen? What controls were used? This part needs to be rewritten with more details. It would be useful to add at least one immunohistochemical staining image with one of the antibodies and an inset showing a control section.

According to the reviewer’s comment, we have described the details about laboratory examinations in the revised manuscript as follows.

The surgical specimen was stained with hematoxylin and eosin (HE), and histopathological observation showed that the left spermatic cord mass and the right epididymal mass were consistent with SG (Figure 2). The surgical specimen was processed using indirect immunohistochemistry for CK (Beijing Zhongshanjinqiao Biotechnology Co., Ltd) and CD68 (Beijing Zhongshanjinqiao Biotechnology Co., Ltd), as well as subjected to acid-fast stain (BaSO Diagnostics Inc. Zhuhai, China). These experiments were performed according to the manufacturers’ protocols. The results for the left spermatic cord mass were: acid-fast (-), CK (-), and CD68 (+).

In addition, we are very sorry that we cannot provide immunohistochemical images since the Department of Pathology at our hospital only kept the pictures of histopathological analysis.

Page 6, line 154: what does "and so on" mean, what could be the other causes? Please be more specific.

According to the reviewer’s comment, it has been changed to “The breakage of these tubules is often caused by inflammation, tumor, trauma, vasectomy, and surgical operation of adjacent sites”.

Page 6, line 162. “There are three types of sperm granulomas”: references would be helpful here.

According to the reviewer’s comment, the reference below has been added in the revised manuscript.


Page 6, line 173. “CDU images can reveal histopathological characteristics of tumors at
different stages”: references would be helpful here.

The reference here is [7], and we are very sorry for this missing citation. We’ve added it in the revised manuscript.

Page 7, line 194: what does "and so on" mean? Please be more specific.

According to the reviewer’s comment, this sentence has been changed to “therefore, it needs to be differentiated from epididymal tuberculosis, chronic epididymitis, epididymal tumor, epididymal cyst, semen cyst, and testicular lesions”.

Page 13, figure 2. This figure entitled “histopathological and immunohistochemical examination of the resected piece” only shows sections stained with eosin hemalum, therefore only a histopathological and not an immunohistochemical study. The caption needs to be changed. If the authors want to show an example of a stained immunohistochemical section (which I think is desirable), that should be added (with an insert showing the negative control). The technique has not been described in the materials and methods: what were the antibodies used (with references)? How were the negative controls performed? (see remarks above). A scale bar added to the image would be better than a magnification (which varies depending on the increase in the image related to editing).

We are very sorry for this mistake, and we’ve changed the title to “Histopathological analysis of the resected specimen”. In addition, we’ve added the description about the immunohistochemical study in the revised manuscript. However, since the Department of Pathology at our hospital did not kept the images of immunohistochemically stained sections, we cannot provide the examples here. We’re also sorry for this.

Page 14, figure 3: a scale bar or ruler near the scrotal mass would be helpful.

Because the pictures were taken at the time of the operation, I am sorry that we could not meet your requirements. The size of the testis and the spermatic cord mass can be roughly judged according to the size of the syringe and the operating knife blade.