Name of journal: World Journal of Clinical Cases

Manuscript NO: 73135

Title: Neuroendocrine tumour of the descending part of the duodenum complicated with schwannoma: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 00070915

Position: Peer Reviewer

Academic degree: MD, MSc, PhD

Professional title: Surgeon

Reviewer’s Country/Territory: Greece

Author’s Country/Territory: China

Manuscript submission date: 2021-11-21

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-24 08:41

Reviewer performed review: 2021-11-24 09:24

Review time: 1 Hour

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<th>Grade B: Very good</th>
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<th>Conclusion</th>
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SPECIFIC COMMENTS TO AUTHORS
This is a rather straightforward case review of an incidental finding during upper GI endoscopy which turned out to be a rare tumor. Even though the article is of low scientific quality, it could be publishable due to its rarity. However, the quality of the language is so poor that in parts it makes the manuscript incomprehensible. If this manuscript is to be considered for publication, a major rewriting from an English-speaking author is highly recommended. (the authors uploaded Non-Native Speakers of English Editing Certificate of another manuscript) Other remarks: Abstract is basic, provides info only for the case and does not make the article interesting enough to be read. The concluding phrase does not sum anything up, instead it provides the information that prognosis is good.
PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 73135

Title: Neuroendocrine tumour of the descending part of the duodenum complicated with schwannoma: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 03478004

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer’s Country/Territory: Japan

Author’s Country/Territory: China

Manuscript submission date: 2021-11-21

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-28 02:38

Reviewer performed review: 2021-11-28 03:45

Review time: 1 Hour

Scientific quality

[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good
[ Y] 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

[ Y] Yes [ ] No
SPECIFIC COMMENTS TO AUTHORS
This is a well written case report of a rare coexisting NET and schwannoma. 1. I wonder why such a small tumor caused vomiting and weight loss. How was her posttreatment symptom? 2. This small tumor included two different histology. Is it a coincidence, or is there some common origin?
RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Clinical Cases
Manuscript NO: 73135
Title: Neuroendocrine tumour of the descending part of the duodenum complicated with schwannoma: A case report
Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed
Peer-review model: Single blind
Reviewer’s code: 00058381
Position: Editorial Board
Academic degree: MD
Professional title: Professor
Reviewer’s Country/Territory: Austria
Author’s Country/Territory: China
Manuscript submission date: 2021-11-21
Reviewer chosen by: Xin-Ran Guo
Reviewer accepted review: 2022-01-27 08:19
Reviewer performed review: 2022-01-28 15:57
Review time: 1 Day and 7 Hours

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<td>[ ] Major revision</td>
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SPECIFIC COMMENTS TO AUTHORS
The authors have revised their manuscript; further changes are required. (1) Abstract: "neurilemmom" -> neurilemmoma. (2) Core Tip: "The world's first clinical case of neuroendocrine tumor of descending duodenum complicated with schwannoma" -> Suggestion: "To the best of our knowledge this is the first publication of a...". (3) History of present illness: "Due to the lack of doctors with the ability to perform endoscopic tumour resection at the local hospital, the patient came to our hospital and was admitted to the Department of Gastroenterology for further diagnosis and treatment. According to the gastroscope report from the primary hospital, we believed that there was a lump in the descending part of the patient's duodenum. After admission, we improved the relevant tests, and it is worth noting that" - all this should be omitted. (4) "the descending nipple of the duodenum" - please clarify what is meant here. (5) The following passages should be deleted, as they do not yield relevant additional information: "History of past illness The patient has a history of infection with tuberculosis 40 years ago. The history of surgical trauma was bronchiectasis in 2015, hysterectomy and minimally invasive hysteroptosis in 2020. Personal and family history Parents have a history of hypertension Physical examination Mild tenderness in the abdomen, no rebound pain Laboratory examinations Immunohistochemical results showed that the mass was a rare neuroendocrine tumour with neurilemmoma. Imaging examinations none MULTIDISCIPLINARY EXPERT CONSULTATION none FINAL DIAGNOSIS neuroendocrine tumour of the descending part of the duodenum complicated with schwannoma TREATMENT We removed the tumour by electrocoagulation and sent it for pathological biopsy." (6) Discussion: "At present, there are rare cases of neuroendocrine tumours with schwannoma in the descending part of
the duodenum worldwide, and there are no clinical reports." – Suggestion: "Neuroendocrine tumours with schwannoma in the descending part of the duodenum are rare, and there are no clinical reports" (or: "There may be rare cases of neuroendocrine tumours with schwannoma in the descending part of the duodenum worldwide, but there are no clinical reports"). (7) Discussion: "Endoscopic ultrasonography can distinguish schwannoma from other subepithelial tumours. However, due to the rare nature of duodenal schwannoma, no typical endoscopic ultrasonographic features have been reported." - This statement is contradictory. Suggestion: Leave out the first part and just write: "Due to the rare nature of duodenal schwannoma, no typical endoscopic ultrasonographic features have been reported." (8) "APCs" - this term should be written out (Argon Plasma Coagulators). (9) The "Conclusion" should be improved (or omitted). (10) Figure legend 2d: "incisal margin" -> resection margin (or: incisional margin; "incisal", however, is a term of dentology). (11) The reference list also requires revision; e.g., References 4 and 7: "4 Y M, A K, S Y. Gastrointestinal: Schwannoma of the duodenum. J GASTROEN HEPATOL. 2020; 35: 1855. 7 W S, S W, X H, C Y. Effectiveness of Endoscopic Treatment for Gastrointestinal Neuroendocrine Tumors: A Retrospective Study. MEDICINE. 2016; 95: e3308." (12) Shared first-authorship is not recommended. (NB) At the beginning and at the end of the section "History of present illness" and of the discussion, this manuscript version shows "+ADw-html+AD4APA-p+AD4-" (and there are further problems with the character code within the text.)