



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 52056

Title: The Imaging findings of inflammatory pseudotumor-like follicular dendritic cell tumor of liver: the report of two cases and a review of the literature

Reviewer's code: 03537202

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Doctor

Reviewer's country: Italy

Author's country: China

Reviewer chosen by: Le Zhang

Reviewer accepted review: 2019-10-17 11:08

Reviewer performed review: 2019-10-18 09:55

Review time: 22 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS



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STATUS: ACCETTABLE FOR PUBBLICATION PENDING MINOR REVISIONS Short summary according reviewer: Authors reported two cases of inflammatory pseudotumor-like follicular dendritic cell (IPT-like FDC) tumor of the liver, an uncommon tumor with extremely low incidence. Imaging findings, especially CT and MRI features, were described. General considerations + Study design: This is a CASE REPORT article. The paper is well-written. The work is very interesting and there are only a few articles in literature about this topic. Abstract: the abstract appropriately summarize the manuscript without discrepancies between the abstract and the remainder of the manuscript. Key points: adequate. Keywords: adequate. Paper On some aspects, the authors should address: 1)In my opinion, you focused too much on CT and MR findings. Why don't you also deal the role of ultrasound? I understand that your article focuses on the role of CT and MRI in the diagnosis of these lesions, but I think it is more appropriate to point out that focal liver lesion are discovered firstly on US examination, which in many countries is the first choice in the study of the liver and, more generally, of the abdomen. You can refer to the following articles, which you have to discuss and cite: -Harvey CJ, Albrecht T. Ultrasound of focal liver lesions. *Eur Radiol.* 2001;11(9):1578-93. -Corvino A, Sandomenico F, Setola SV, Corvino F, Tafuri D, Catalano O. Morphological and dynamic evaluation of complex cystic focal liver lesions by contrast-enhanced ultrasound: current state of the art. *J Ultrasound.* 2019 Sep;22(3):251-259. doi: 10.1007/s40477-019-00385-2. Epub 2019 May 13. -Corvino A, Catalano O, Corvino F, Petrillo A. Rectal melanoma presenting as a solitary complex cystic liver lesion: role of contrast-specific low-MI real-time ultrasound imaging. *J Ultrasound* 2015;19(2):135-9. doi: 10.1007/s40477-015-0182-1. eCollection 2016. 2)Similarly, you have described in detail CT and MR imaging findings. Why didn't you also consider to discuss about CEUS? Have you got any experience? I advise you not to neglect this aspect, which in my opinion is fundamental. Considering the results



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obtained by CEUS, I believe that a reference is needed in the discussion. Consider the following articles about, which you must cite: -Corvino A, Catalano O, Corvino F, Sandomenico F, Petrillo A. Diagnostic Performance and Confidence of Contrast-Enhanced Ultrasound in the Differential Diagnosis of Cystic and Cysticlike Liver Lesions. *AJR Am J Roentgenol* 2017;209(3):W119-W127. doi: 10.2214/AJR.16.17062. Epub 2017 Jun 22. -Corvino A, Catalano O, Setola SV, Sandomenico F, Corvino F, Petrillo A. Contrast-enhanced ultrasound in the characterization of complex cystic focal liver lesions. *Ultrasound Med Biol* 2015;41(5):1301-10. doi: 10.1016/j.ultrasmedbio.2014.12.667. Epub 2015 Feb 7. 3)What are the technical parameters used in the the study? I think it would be necessary at least to mention some acquisition protocols currently used in computed tomography and magnetic resonance. You can find a routinary multidetector row multi-slice CT and magnetic resonance acquisition protocol in the following articles, which you must cite in the reference: -Corvino A, Corvino F, Radice L, Catalano O. Synchronous mucinous colonic adenocarcinoma and multiple small intestinal adenocarcinomas: report of a case and review of literature. *Clin Imaging*. 2015 May-Jun;39(3):538-42. doi: 10.1016/j.clinimag.2014.12.019. Epub 2015 Jan 7. -Maurea S, Corvino A, Imbriaco M, Avitabile G, Mainenti P, Camera L, Galizia G, Salvatore M. Simultaneous non-functioning neuroendocrine carcinoma of the pancreas and extra-hepatic cholangiocarcinoma. A case of early diagnosis and favorable post-surgical outcome. *JOP* 2011;12(3):255-8. 4)Why don't you discuss about the pseudolesions, which can occur. In this regard, I invite you to read the following articles citing them: -Elsayes KM, Menias CO, Morshid AI, Shaaban AM, Fowler KJ, Tang A, Chernyak V, Szklaruk J, Bashir MR. Spectrum of Pitfalls, Pseudolesions, and Misdiagnoses in Noncirrhotic Liver. *AJR Am J Roentgenol*. 2018 Jul;211(1):97-108. doi: 10.2214/AJR.18.19820. -Guarino B, Catalano O, Corvino A, Corvino F, Amore A, Petrillo A. Hepatic inflammatory

pseudotumor: educational value of an incorrect diagnosis at contrast-enhanced ultrasound. *J Med Ultrason* 2015;42(4):547-52. doi: 10.1007/s10396-015-0624-6. Epub 2015 Mar 27. 5) In the Introduction paragraph you wrote: "The inflammatory pseudotumor-like follicular dendritic cell(IPT-like FDC) tumor is a variant subset of follicular dendritic cell (FDC) tumor. The FDC tumors most commonly occur in the cervical lymph nodes, which are extremely rare in the liver and representing <0.1% of all primary hepatic tumors". In the Discussion paragraph you wrote: "The IPT-like FDC tumor is an extremely rare and low-grade malignant soft tissue sarcoma that occurs almost exclusively in the liver and spleen". There would seem to be a discrepancy. Please, specify it. 6)HCC and metastases are the main differential diagnoses. Do you have any examples which resembling IPT-like FDC? Please, discuss it in the text. Consider the following articles about: -Corvino A, Catalano O, Corvino F, Petrillo A. Rectal melanoma presenting as a solitary complex cystic liver lesion: role of contrast-specific low-MI real-time ultrasound imaging. *J Ultrasound* 2015;19(2):135-9. doi: 10.1007/s40477-015-0182-1. eCollection 2016. -Guarino B, Catalano O, Corvino A, Corvino F, Amore A, Petrillo A. Hepatic inflammatory pseudotumor: educational value of an incorrect diagnosis at contrast-enhanced ultrasound. *J Med Ultrason* 2015;42(4):547-52. doi: 10.1007/s10396-015-0624-6. Epub 2015 Mar 27. -Corvino A, Sandomenico F, Setola SV, Corvino F, Tafuri D, Catalano O. Morphological and dynamic evaluation of complex cystic focal liver lesions by contrast-enhanced ultrasound: current state of the art. *J Ultrasound*. 2019 Sep;22(3):251-259. doi: 10.1007/s40477-019-00385-2. Epub 2019 May 13. Reference: the references are adequate. Tables: Why don't you create a table of CT and MR findings? Figures: 1) images are good. 2)If you have, why don't you insert some images of CEUS of same cases? Figure 1. -In Figure 1 you used the terms rapid wash in (it may be correct) and slow wash-out but I see wash-out already in the portal phase (B). Why do you talk about slow wash-out? Please specify the



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acquisition times and study phases. - In Figure 1, in the most anterior lesion I do not see internal necrosis. I am wrong? Figure 2. -In Figure 2 you used the terms rapid wash in (it may be correct) and slow wash-out, but I see wash-out already in the portal phase (B). Why do you talk about slow wash-out? Please specify the acquisition times and study phases. Figure 3. Why is US presented at the end? Figure 5. I still don't understand why you talk about slow wash-out. In the parenchymography phase (portal phase) the lesion is hypodense. Figure 6. Why is US presented at the end?

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- The same title
- Duplicate publication
- Plagiarism
- No

BPG Search:

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- Duplicate publication
- Plagiarism
- No