

Review Form 1.6

Journal Name:	Asian Journal of Case Reports in Surgery
Manuscript Number:	Ms_AJCRS_93339
Title of the Manuscript:	Case report :Virilizing adrenal tumor
Type of the Article	Case study

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<https://www.journalajcrs.com/index.php/AJCRS/editorial-policy>)

PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments		
Minor REVISION comments	<ol style="list-style-type: none"> 1) Case presentation, first page, line 9: She had a large <u>cafe lau</u> spot in the upper abdomen--- Is it café au lait? 2) Case presentation, first page, line 21: Features are suggestive of ? adreno cortical carcinoma or lipid poor---It may be better to delete "?". 3) Case presentation, second page, line1: Positron emission Tomography (PET) CT--- CT can be deleted 4) Case presentation, second page, line7: 11.1.2022 means January 11, 2022? It is more ethical not to specify the date, for example, 9 months ago. 5) In Table 1, line 1 "Hormone" is better than "TEST" and "Plasma levels" is better than RESULT. If changed so, "Plasma" can be deleted in the free metanephrine and free normetanephrine. 6) Discussion line 13: <u>Recent studies shown</u> that 20% of them are malignant. Underline should be corrected as <u>Recent studies have shown</u> or <u>Recent studies "showed"</u>. 	
Optional/General comments	<ol style="list-style-type: none"> 1) Functional adrenal oncocytoma is very rare and it is valuable to report this case. 2) It is recommended to evaluate hirsutism by such as Ferriman-Gallwey hirsutism scoring system. 3) Plasma TSH is below the normal range and T4 is within the normal levels. Therefore, latent hyperthyroidism is suspected, which can be commented in the discussion. Case presentation showed grade 2 thyroid swelling. 	

PART 2:

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Are there ethical issues in this manuscript?	(If yes, Kindly please write down the ethical issues here in details)	

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