

Review Form 1.7

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| Journal Name: | Asian Journal of Case Reports in Surgery |
| Manuscript Number: | Ms_AJCRS_104718 |
| Title of the Manuscript: | A Giant Primary Hydatid Cyst Of Spleen – A Case Report |
| Type of the Article | Case report |

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>)

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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) |
|---|--|--|
| <p>Compulsory REVISION comments</p> <p>1. Is the manuscript important for scientific community? (Please write few sentences on this manuscript)</p> <p>2. Is the title of the article suitable? (If not please suggest an alternative title)</p> <p>3. Is the abstract of the article comprehensive?</p> <p>4. Are subsections and structure of the manuscript appropriate?</p> <p>5. Do you think the manuscript is scientifically correct?</p> <p>6. Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form.</p> <p><u>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</u></p> | <p>Hydatid disease of spleen is a rare clinical condition as even in the endemic region the frequency is reported to be 0.5–4% of abdominal hydatid diseases. Primary splenic involvement by hydatid cyst is rare and accounts for less than 2% of patients. Ultrasound and abdominopelvic CT scan allow a presumptive diagnosis showing cystic calcifications, daughter cysts or intra-cystic septa, hydatid sand, which are specific to echinococcal infestation, abdominal CT also helps in providing information regarding the cyst localization, neighborhood, type, and contents. Although CT scan is more sensitive than abdominal ultrasound, non-calcified benign cysts without daughter cysts cannot be differentiated per se from other benign cysts neither by computed tomography nor by ultrasound. Hydatidosis should be suspected in patients with splenic cystic lesions, particularly in endemic areas until proved otherwise and the diagnosis of splenic hydatidosis should be favored if daughter cysts are present within a large cystic lesion or if cystic lesions are observed in other organs such as the liver.</p> <p>Surgery is the mainstay of treatment for hydatid disease of the spleen. Surgical removal of the spleen results in loss of an important immune organ. Asplenic individuals are thus particularly vulnerable to sepsis caused by bacteria and protozoa and Babesiosis (transmitted by ticks in temperate and tropical countries) is almost completely confined to asplenic patients. Therefore, all the patients should receive vaccinations against pneumococcal, Haemophilus influenzae and meningococcal infections at least 2 weeks before or after the splenectomy to reduce the risk of sepsis. Conservative surgery such as a partial splenectomy, cyst enucleation, or deroofing of the cyst with omentoplasty or external drainage have been performed for superficial cysts, cysts localized to one pole of the spleen or cysts that are unresectable due to extensive adhesions. Since the type of surgery (splenectomy or spleen-sparing procedures) does not appear to influence patient outcome, the less-extensive approaches may be preferred according to their relatively lower risk and long-term effects on the patient. Medical prophylaxis with albendazole or mebendazole should be given to patients perioperatively as well as during the first 6 months after surgery to prevent the recurrence.</p> <p>Hidstological illustration is missing.</p> <p>References should be enriched as follows Leena Kumar et al Splenic Hydatid Cyst- A Case Report JCDR Date of Publishing: Apr 01, 2021</p> | |
| <p>Minor REVISION comments</p> <p>1. Is language/English quality of the article suitable for scholarly communications?</p> | <p>English language quality is high</p> | |
| <p>Optional/General comments</p> | <p>Hidstological illustration is missing.</p> <p>References should be enriched as follows Leena Kumar et al Splenic Hydatid Cyst- A Case Report JCDR Date of Publishing: Apr 01, 2021</p> | |

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) |
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| <p>Are there ethical issues in this manuscript?</p> | <p><i>(If yes, Kindly please write down the ethical issues here in details)</i></p> | |

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Reviewer Details:

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| Name: | Kalogeraki Alexandra |
| Department, University & Country | University of Crete, Greece |