

## Review Form 1.7

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| Journal Name:            | <b>International Journal of Medical and Pharmaceutical Case Reports</b>  |
| Manuscript Number:       | <b>Ms_IJMPCR_97555</b>   |
| Title of the Manuscript: | <b>Two Cases Of Primary Reshaped Hydatid Cysts Mimicking Digestive Solid Cystic Masses : Surgical Case Reports</b> |
| Type of the Article      | <b>Case study</b>  |

### **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:

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**PART 1: Review Comments**

|  | <b>Reviewer's comment</b>   | <b>Author's comment</b> (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><b><u>Compulsory</u></b> REVISION comments</p> <ol style="list-style-type: none"> <li>1. <b>Is the manuscript important for scientific community? Yes</b><br/>(Please write few sentences on this manuscript)</li> <li>2. <b>Is the title of the article suitable?</b><br/>(If not please suggest an alternative title) Yes</li> <li>3. <b>Is the abstract of the article comprehensive? Yes</b></li> <li>4. <b>Are subsections and structure of the manuscript appropriate? Yes.</b></li> <li>5. <b>Do you think the manuscript is scientifically correct? Yes</b></li> <li>6. <b>Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form. Yes</b></li> </ol> <p><b><u>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</u></b></p> | <p>This scientific manuscript on hydatid parasitosis, a severe pathology endemic in North Africa, is important for the scientific community. The article provides new information on two cases of peritoneal hydatidosis, a misleading and rare manifestation of the disease. The authors report on the clinical presentations, diagnostic methods, surgical procedures, and post-operative follow-up of the patients. The manuscript is well-structured and includes relevant subsections. The title is suitable and the abstract is comprehensive, providing a good overview of the study. The scientific accuracy of the article is sound, and the references are sufficient and recent. Overall, this manuscript is a valuable addition to the scientific literature on hydatid parasitosis.</p> <p><b>Please read my comments on the manuscript directly. Thank you.</b></p> <p><b>See the attachment</b></p>  |  |
| <p><b><u>Minor</u></b> REVISION comments</p> <ol style="list-style-type: none"> <li>1. <b>Is language/English quality of the article suitable for scholarly communications? Yes.</b></li> </ol>  | <p>The suggested sentences:</p> <p><b>Title:</b> Primary Reshaped Hydatid Cysts Mimicking Digestive Solid Cystic Masses: Two Surgical Case Reports</p> <p><b>Abstract:</b> Hydatidosis is a zoonotic parasitic infection that usually affects the lungs and liver but can occur in any organ. Peritoneal hydatidosis occurs in 5-16% of patients and can present with diverse clinical symptoms, often leading to misleading paraclinical exam results. Surgical intervention remains the primary treatment option, and prevention measures are implemented to protect susceptible populations. We present two cases of primary reshaped hydatid cysts mimicking digestive solid cystic masses, which were resected and found to be remodeled hydatid cysts on anatomopathological examination. The primary form of peritoneal hydatidosis is rare and can be confused with other cystic or pseudo-cystic masses of the peritoneum. Hydratic serology, while useful, is losing interest due to its delay in diagnosis, and surgery is the preferred therapeutic option. Recurrence is possible, making it necessary to implement preventive actions to interrupt the parasite's life cycle. Distant follow-up is necessary to monitor the patient's condition for up to 5 years.</p> <p><b>Keywords:</b> Hydatidosis, parasitosis, cyst, peritoneum, visceral surgery, case report.</p> |  |
| <p><b><u>Optional/General</u></b> comments</p>   | <p>Hydatid parasitosis is a serious disease endemic in North Africa that can affect any organ in the body, with pulmonary and hepatic localizations being the most common. Peritoneal hydatidosis, which accounts for 5-16% of hydatidosis cases, is often secondary to hepatic hydatidosis, and its clinical presentation is very polymorphic, making diagnosis challenging. Abdominal ultrasound is the method of choice for diagnosis, but CT scan is indicated in case of diagnostic difficulties. The</p>  |  |

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|  | <p>treatment for hydatid cysts is surgical, and adjuvant antiparasitic drug treatment can prevent recurrence. Follow-up care and monitoring are essential for detecting potential recurrence.</p> <p>The presented case study highlights two cases of peritoneal hydatidosis, which are considered rare primary forms of the disease. Both cases presented with a firm mass in the abdomen and were diagnosed using CT scan and confirmed through surgical exploration. The cases emphasize the diverse and challenging clinical presentation of hydatidosis and the importance of early and accurate diagnosis using appropriate imaging techniques. The success of surgical treatment and absence of recurrence in the presented cases underscores the importance of early and appropriate treatment for this disease. However, given the potential risk of recurrence, long-term follow-up is necessary, which requires patient cooperation and awareness, particularly among those of modest socioeconomic levels who are at higher risk for this disease.</p> <p>One general drawback of this scientific study is the small sample size. The study only reports on two cases of peritoneal hydatidosis, which may not be representative of the overall population affected by this condition. A larger sample size would be necessary to draw more robust conclusions about the clinical presentation, diagnosis, and treatment of peritoneal hydatidosis. One solution to this problem would be to conduct a multicenter study that includes a larger number of patients with peritoneal hydatidosis.</p> <p>Another general drawback of this study is the lack of information on the long-term outcomes of the patients. While the study reports that both patients were without evidence of recurrence at 1 year follow-up, it is unclear how these patients fared in the longer term. A longer follow-up period would be necessary to determine the risk of recurrence and the effectiveness of the surgical and medical treatments. One solution to this problem would be to conduct a prospective study with longer follow-up periods to better understand the long-term outcomes of patients with peritoneal hydatidosis.</p> <p>A third general drawback of this study is the lack of information on the socioeconomic and environmental factors that may contribute to the incidence of peritoneal hydatidosis. While the study briefly mentions that one patient was a shepherd and lived in a rural environment, there is no further discussion of the risk factors associated with this condition. Understanding the socioeconomic and environmental factors that contribute to the incidence of peritoneal hydatidosis could help inform public health strategies to prevent and treat this condition. One solution to this problem would be to conduct a population-based study that examines the risk factors associated with peritoneal hydatidosis in different regions and populations.</p> |  |
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**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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| Are there ethical issues in this manuscript? | <i>(If yes, Kindly please write down the ethical issues here in details)</i> |   |

**Reviewer Details:**

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