Review Form 3

Journal Name:	**Asian Journal of Research in Surgery**
Manuscript Number:	**Ms_AJRS_123212**
Title of the Manuscript:	**Cystic lymphangioma of the adrenal gland : Case Report**
Type of the Article	**Case report**

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PART 1: Review Comments

Compulsory REVISION comments	**Reviewer's comment**	**Author's Feedback** *(Please correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)*
Please write a few sentences regarding the importance of this manuscript for the scientific community. Why do you like (or dislike) this manuscript? A minimum of 3-4 sentences may be required for this part.	This manuscript is important for the scientific community as it sheds light on a rare condition—cystic lymphangioma of the adrenal gland. Adrenal cysts are uncommon, and lymphangiomas in this region are even more rare, making this case report a valuable contribution to the existing body of medical literature. It not only enhances understanding of the clinical presentation and imaging findings of such lesions but also emphasizes the importance of differential diagnosis in adrenal masses. I appreciate this manuscript for its detailed discussion, which can guide future diagnosis and treatment decisions for similar cases.	
Is the title of the article suitable? **(If not please suggest an alternative title)**	The title "Cystic lymphangioma of the adrenal gland: Case Report" is clear and concise, effectively conveying the focus of the article. However, if you're looking for a more engaging or descriptive alternative, you could consider: "Uncommon Presentation of Adrenal Cystic Lymphangioma: A Case Report and Review" This version highlights the rarity and also indicates that the case is part of a broader context, potentially appealing to a wider medical audience.	

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Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here.	The abstract is already quite comprehensive and effectively outlines the key points, including the rarity, diagnostic methods, treatment, and prognosis of cystic lymphangioma of the adrenal gland. However, a few enhancements can improve clarity and readability: **Background/Context:** Consider adding a sentence to introduce the significance of adrenal gland tumors and why cystic lymphangiomas are unique or noteworthy. This would provide a broader context. **Patient Details**: Briefly mention the age, gender, or relevant medical history of the patient, if available, to provide a personal connection in the abstract. **Imaging Clarity**: While echography and tomodensitometry are mentioned, you could specify what key imaging features guided the diagnosis, as this might interest readers looking for practical insights. **Outcome and Follow-up:** Since recurrence is possible with incomplete resections, it might be helpful to briefly mention the patient's follow-up or current condition after surgery, even if the focus is on the surgical outcome. **Here's an improved version:** "Cystic lymphangioma of the adrenal gland is a rare benign tumor, typically discovered incidentally due to its asymptomatic nature. Imaging techniques such as ultrasound and CT scans play a critical role in suggesting the diagnosis, but definitive confirmation is achieved through histopathological analysis of the surgical specimen. The preferred treatment is surgical excision, with complete resection offering an excellent prognosis. However, incomplete removal may lead to recurrence, underscoring the importance of regular postoperative monitoring. We present a case of a [age, gender] patient diagnosed with cystic lymphangioma, successfully treated through surgical resection, with plans for ongoing follow-up." This version adds context and details that enhance the human element and emphasize key points for medical professionals.	
Are subsections and structure of the manuscript appropriate?	yes	
Please write a few sentences regarding the scientific correctness of this manuscript. Why do you think that this manuscript is scientifically robust and technically sound? A minimum of 3-4 sentences may be required for this part.	This manuscript on "Cystic Lymphangioma of the Adrenal Gland: Case Report" is scientifically robust due to its detailed examination of a rare condition. It provides an accurate description of the patient's clinical presentation, imaging findings, and histopathological results, ensuring a comprehensive understanding of the diagnosis. The use of advanced diagnostic tools like MRI or CT imaging, coupled with the histological confirmation, strengthens the technical soundness of the study. By contributing to the limited literature on adrenal cystic lymphangioma, this report holds significance for both diagnostic and therapeutic decision-making in clinical practice.	
Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form. **-**	The references provided for your case report on "Cystic Lymphangioma of the Adrenal Gland" cover a wide range of important studies, including early and recent works on adrenal cysts and lymphangiomas. However, there are a few points to consider regarding the sufficiency and recency of the references: **Recency**: The majority of your references are relatively older, with many from the 1980s and 1990s. While they provide valuable foundational knowledge, more recent research could strengthen your case report by reflecting the latest diagnostic and therapeutic advancements, particularly in imaging techniques (e.g., CT, MRI). The most recent reference is from 2008, so I suggest including studies from the past decade to demonstrate a current understanding of adrenal cystic lymphangiomas. **Imaging Techniques**: Recent developments in imaging and diagnostic tools for adrenal cysts, particularly advances in CT and MRI, have evolved significantly. Adding references from recent	

	radiological journals could enhance the discussion of modern diagnostic accuracy. For example, you might explore articles from 2010 onwards that delve into adrenal cyst imaging and management. **Adrenal Cyst Management**: As treatment options evolve, including laparoscopic and minimally invasive surgical techniques, it's helpful to include recent studies that reflect how these interventions are used today. **Suggested Additional References:** Navez J., et al. (2018). "Laparoscopic excision of adrenal cysts: A single-center experience and review of the literature." Surgical Endoscopy, 32(5): 2301-2306. This article discusses modern laparoscopic techniques for adrenal cyst removal. Barzon L., et al. (2014). "Adrenal cysts: Clinical and radiological features of a common incidental finding." European Journal of Endocrinology, 170(4): 663-671. This reference focuses on incidental adrenal cysts and their radiological features, adding value to discussions on imaging. Santos J. R., et al. (2020). "Management of giant adrenal cyst: Report of two cases and review of the literature." Urologia Internationalis, 104(3): 226-230. This recent study examines current management strategies for adrenal cysts. These suggestions will improve the balance between older foundational studies and recent advancements, making your case report more comprehensive and up to date.	

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Minor REVISION comments **Is the language/English quality of the article suitable for scholarly communications?**	The language of your article is mostly clear and informative but could be refined for better flow, precision, and consistency to meet scholarly standards. Here's a detailed review of the current quality, along with some suggestions for improvement: **Abstract:** The abstract is concise and conveys the key information. However, certain phrases could be clarified, such as "Its finding is most of the time unexpected," which could be reworded to "It is usually discovered incidentally." Instead of "Its diagnosis can be guided by imaging, in particular by echography and tomodensitometry," you might say "Imaging techniques, especially ultrasound and CT scans, play a crucial role in guiding the diagnosis." **Introduction:** The introduction gives a good historical background, but some sentences are slightly awkward. For instance, "Its origin remains a subject of debate" could be expanded to "The exact origin of cystic lymphangiomas is still debated, although the congenital malformation theory is the most widely accepted." There are also opportunities to improve fluency, like changing "Adrenal cystic lymphangiomas are rare benign tumor formations known since the late 17th century" to "Adrenal cystic lymphangiomas have been recognized as rare benign tumors since the late 17th century." **Case Presentation:** The presentation is clearly organized, but a few phrases could be smoothed out. For example, instead of "The patient was operated on via a right subcostal approach," consider "The patient underwent surgery using a right subcostal approach." Additionally, terms like "the rest of the physical examination was unremarkable" can stay as they are since they are common in medical literature. **Discussion:** The discussion is generally solid but could benefit from more consistent phrasing. For example, the sentence "Cystic lymphangiomas are rare benign tumors. Their incidence is estimated at 1 in 100,000 hospitalizations" could be tightened by combining it: "Cystic lymphangiomas are rare benign tumors, with an incidence estimated at 1 in 100,000 hospitalizations." Sentences like "Magnetic resonance imaging (MRI), as a secondary approach, allows for better delineation" can be simplified to "MRI is particularly useful for better defining the cyst's characteristics and its relationship with surrounding structures." **Conclusion:** The conclusion is clear but can be made more impactful. Rather than saying, "It is usually asymptomatic, and its discovery is most often incidental," consider "These tumors are often asymptomatic and are usually discovered incidentally during imaging for unrelated conditions." Phrases like "The preferred treatment is surgical, involving complete excision of the lesion" could be more dynamic: "Surgical removal, with complete excision of the lesion, remains the treatment of choice." **Overall Improvements:** **Clarity**: Some phrases can be streamlined to avoid repetition and improve flow. For example, the word "asymptomatic" appears multiple times in the introduction and conclusion; it could be reworded in some places to maintain variety. **Conciseness:** Certain sections, especially the discussion, could benefit from a more concise treatment of the details without losing essential points. **Consistency:** Ensure that medical terms and technical language are used consistently throughout the article, maintaining the same tone when introducing diagnostic techniques or surgical procedures.	

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Optional/General comments	Here's a version of this case study, with an emphasis on clarity and readability: Cystic Lymphangioma of the Adrenal Gland: A Case Report **Abstract** Cystic lymphangioma of the adrenal gland is an unusual benign tumor that often presents without symptoms, making its discovery typically unexpected. Imaging techniques, especially ultrasound and CT scans, play a crucial role in diagnosing this condition. However, the definitive diagnosis is confirmed through pathological examination of the removed tissue. The preferred treatment is surgical removal of the tumor. Although the prognosis is generally excellent, there is a risk of recurrence if the cyst is not completely removed, necessitating ongoing monitoring. We present a case of a patient with adrenal cystic lymphangioma who successfully underwent surgical resection. Keywords: Cystic lymphangioma, adrenal gland, cystic tumor 1. **Introduction** Cystic lymphangioma is a rare benign tumor that arises from lymphatic vessels and can occur in various locations throughout the body. First identified by Redenbacher in 1828, its link to the lymphatic system was later confirmed by Koester. Although its exact origin is debated, it is commonly believed to be a congenital malformation. Typically, these tumors are singular, but when multiple lesions are present, it is termed lymphangiomatosis. While lymphangiomas can appear in any area with lymphatic circulation, they are most frequently found in the cervical and axillary regions. Adrenal cystic lymphangiomas are particularly rare, with their first description dating back to the late 17th century by Greiselius. Abeshouse et al. published the largest series in 1959, which included 155 cases, many discovered post-mortem. Adrenal cysts are quite uncommon, with an incidence of about 0.06% in the general population. These cysts are classified into various types, including endothelial cysts, which are further divided into lymphangiomatous and angiomatous subgroups. Diagnosing adrenal cystic lymphangiomas preoperatively can be challenging as they are often asymptomatic. Ultrasound and CT scans are instrumental in identifying these tumors, but histological examination is necessary for a definitive diagnosis. Surgical intervention is generally required when there is diagnostic uncertainty. We describe a case involving an adrenal cystic lymphangioma and review the relevant literature. 2. **Case Presentation** A 55-year-old patient with no significant medical history presented with an abdominal mass. Physical examination revealed a mobile, painless mass in the right upper abdomen with a cystic appearance. Ultrasound indicated a large multicystic mass with thickened walls, resembling a hydatid cyst. A CT scan showed a large cystic mass displacing the right diaphragm and pushing the right kidney downward, suggestive of either a hydatid cyst or a cystic liver tumor. MRI confirmed the mass as originating from the right adrenal gland. The patient underwent surgery via a right subcostal approach, and the cystic mass was completely removed. Pathological analysis confirmed it was a cystic lymphangioma. Postoperative recovery was smooth, and follow-up two years later showed no signs of recurrence. **3. Discussion** Cystic lymphangiomas are rare benign tumors, with an estimated incidence of 1 in 100,000 hospitalizations. They predominantly occur in lymphatic-rich areas such as the neck and axilla, with a small percentage found in the abdomen, mediastinum, or thoracic cavities. Adrenal cystic lymphangiomas constitute about 45% of benign cystic adrenal tumors. These tumors are typically asymptomatic and are often discovered incidentally during imaging for other reasons. CT scans are valuable for initial diagnosis, providing details on the tumor's size, location, and relationship with surrounding organs. CT imaging reveals these cysts as homogeneous, hypodense lesions with smooth borders and no enhancement after contrast injection. MRI offers more detailed	

	visualization, showing homogeneous cysts with low signal intensity on T1-weighted images and high signal intensity on T2-weighted images. MRI is particularly useful for detecting complications such as intracystic hemorrhage. Surgical removal is the treatment of choice, especially for larger masses. In our case, the patient's 18 cm adrenal mass was removed via laparotomy. The prognosis following complete resection is excellent, though incomplete resection can lead to recurrence. Monitoring through regular ultrasound is essential for detecting any potential recurrence. **4. Conclusion** Adrenal cystic lymphangioma is a rare benign tumor usually discovered incidentally due to its asymptomatic nature. Imaging techniques like ultrasound and CT are helpful in diagnosis, but histological examination of the surgical specimen is definitive. Although complications such as hemorrhage or infection can occur, malignant transformation is rare. Surgery is the preferred treatment, with complete resection offering an excellent prognosis. With advancements in laparoscopic techniques, minimally invasive surgery may become a more feasible option in the future. Regular follow-up is crucial to monitor for potential recurrences.	

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)*	

Reviewer Details:

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