

Review Form 1.6

Journal Name:	Journal of Pharmaceutical Research International
Manuscript Number:	Ms_JPRI_80738
Title of the Manuscript:	TESTICULAR MASS WITH LIVER METASTASIS: 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:

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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)
Compulsory REVISION comments	The author(s) Discussion	
Minor REVISION comments	<p>An undescended testis, a family history of the disease, and a previous history of testicular cancer are all risk factors. For what? are the most prevalent form.....forms?</p> <p>Sex-cord stromal tumors and lymphomas are two more forms. For what?</p> <p>Liver metastasis is a cancerous tumor that has spread to the liver from another organ that has been impacted by malignancy.... gramatically wrong?</p> <p>Because cancer has progressed to the liver from another portion of the body, doctors may refer to the metastatic liver disease as stage four or modern cancer..... gramatically wrong?</p> <p>The mass was slow-growing, non-painful..... gramatically wrong?</p> <p>was done.....done is not an academic word</p> <p>The background of the article is too long.</p> <p>.[1]it is better [1].</p> <p>The age histology of tumors.....means?</p> <p>Testis.....why not testes</p> <p>The cancers cells that develop in the right testicle are more likely to spread to the inter-aortocaval lymph nodes, whereas tumors that start in the left testicle are more likely to move to the para-aortic lymph nodes. Specific emphasis should be placed on the inter-aortocaval lymph nodes when a right-sided primary testicular tumor is present. Evidence shows that radiologists ignore more right-sided positive lymph nodes than left-sided positive lymph nodes. [3]. the reference of all the sentences is 3?</p> <p>with a history of cancer.....what kinf of cancer?</p> <p>61kg.....61 kg?</p> <p>157cm....157 cm</p> <p>The skin was normal except for the puffiness... normal?</p> <p>The investigation of the USG of inguinoscrotal region exam revealed.....means?</p> <p>Heterogeneously hypoechoic enlarged left testis with raised vascularity having multiple calcific foci within it.....sentence wrong?</p> <p>nodular lesion.....lesion”</p> <p>127ng/ml..... 127 ng/ml</p> <p>chief complaints.....chief?</p> <p>LFT, KFT.....?</p> <p>Inj, BD, OD, SOS, TDS.....?</p> <p>with the clinical history of the post-operative case of testicular mass is revealed.....gramatically wrong?</p> <p>is.....was?</p> <p>There is.....was?</p> <p>Appears.....appeared?</p> <p>region, aortocaval region.....region, and.....?</p> <p>LNs.....?</p> <p>Few Lymph Nodes are compression and abutting infrarenal IVC and iliac veins.....?</p>	

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	<p>verb?, noun?, adjective? shows non-opacification.....showed? In the Fig: 3 (CT Scan Pelvis axial cross section of testis) showing the left testis is not visualized in scrotal sac. There is mildly enhancing soft tissue with subcutaneous edema noted over left scrotal sac and left inguinal region with few air density foci seen suggestive of post operative changes..... verbs? AVs? There is heterogeneously hypoechoic echotexture of the left testis with mild enlargement of the left testis. It shows irregular border and moderately increased vascularity on color doppler. The lesion shows multiple calculi foci within it—left testis (M)-51x35.4x31.0mm in size. There is mild fluid collection noted in the left scrotal sac. The right testis appears normal in size, shape, echotexture, and vascularity. (M)-35x24x18mm in size. There is a typical appearance of the epididymis. Right epididymis is 10x6mm.Left epididymis is 12x8mm. Both spermatic cords show normal appearance with no evidence of varicocele. No inguinal lymphadenopathy was seen. In fig: 4 showing “Heterogeneously hypoechoic enlarged left testis with raised vascularity having multiple calcific foci within it. There was also evidence of free fluid in left scrotal sac s/o left sided hydrocele”please correct the AVs..... PAST TENSE?</p> <p>All the sentence tenses are wrong after fig. 4</p> <p>pay attention to appearance..... 5.2 x 4 x 2.2 cm ? 5.2 x 4 x 2.2cm ? which one is correct?</p> <p>Testicular Cancer Types: Germ cell tumors account for 95% of testicular cancers in young men, whereas sex cord-stromal tumors account for 5%. Seminomas account for around half of germ cell tumors, whereas non-seminomatous germ cell tumors (NSGCTs) account for the other half. Mixed germ cell tumors make up 33% of NSGCTs, pure embryonal carcinomas make up 10%, teratomas make up 4%, yolk sac tumors make up 1%, and choriocarcinomas make up 0.3 percent. Leydig cell tumors, Sertoli cell tumors, granulosa cell tumors, and thecomas are all sex cord-stromal cancers. [4-6]. Lymphoma is the most prevalent testicular cancer in males over the age of 60. Non-Hodgkin lymphoma is the most prevalent type of testicular lymphoma, and it has a dismal prognosis. Sarcoma, fibroma, vascular tumors, Leukemia, leiomyoma, and neurofibroma are other uncommon testicular cancers. Testicular metastases are rare [1] Most recognized risk factors, including cryptorchidism, carcinoma in situ, and estrogen exposure in utero, are linked to early life experiences. Testicular cancer has been linked to various occupational, lifestyle, socioeconomic, and other risk factors. Although few risk factors for testicular cancer have been identified, several appear to be linked to hormonal balance at various periods of life. Later-life lifestyle and occupational exposures may affect disease promotion, but they are unlikely to be implicated in cancer start. Cryptorchidism (male descendent testicle) is the most well-known risk factor for testicular cancer [7]. General information in the “discussion”.....To Introduction? Testicular metastases are rare [1]..... Testicular metastases are rare [1].</p> <p>[9-13].HCG..... [9-13]. HCG</p> <p>assessing Treatment.....? T? <u>Where is discussion?</u></p>	
<p>Optional/General comments</p>	<p>Topic and findings are very good but spelling is wrong</p>	

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PART 2:

	Reviewer's comment	Author's comment <i>(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)</i>
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

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