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| Journal Name: | [**Asian Research Journal of Gynaecology and Obstetrics**](https://journalarjgo.com/index.php/ARJGO) |
| Manuscript Number: | **Ms\_ARJGO\_131590** |
| Title of the Manuscript: | **An Elusive Diagnosis: Malignant PEComa of the Uterus Mimicking Uterine Fibroids – A Rare Case Report.** |
| Type of the Article | **Case report** |

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| PART 1: Comments | | |
|  | Reviewer’s comment **Artificial Intelligence (AI) generated or assisted review comments are strictly prohibited during peer review.** | 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. A minimum of 3-4 sentences may be required for this part.** | Malignant PEComa is still a rare tumoral entity, therefore reviews on the diagnosis and treatment are always valuable to increase the vigilance of doctors towards rare lesions. Reporting the diagnosis of new cases and collecting the progress of their treatment is always valuable to create a complete database in scientific reporting. Although the diagnosis of PEcoma is determined by clear histopathological criteria, there is no evidence and protocols for its preoperative diagnosis to enable a clear protocol in the way of patient management. | Thank you for your kind Comment. Yes I do agree with you on the matter on difficulty of preoperative diagnosis. Hopefully, an established protocol is made possible in the future with more reported cases. |
| **Is the title of the article suitable?**  **(If not please suggest an alternative title)** | The title is consistent with the content of the article, it attracts attention and I think it is appropriate | Thank you |
| 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 clear and understandable, I think it should be emphasized more the way of follow-up and treatment and the possibilities of preoperative diagnosis | Thank you for the suggestion and I have minor changes (highlighted in yellow) in the abstract as well as in the case discussion with recent reference added). |
| Is the manuscript scientifically, correct? Please write here. | While reading the article, it is noticed that the histopathological diagnosis is fully supported by scientific data, but the histopathological illustration is missing. There is no preoperative radiological data, perhaps to describe the heterogeneity of the lesion, its radiologic margins and their comparison with literature data. There is no review of the fact that there is still no complete agreement between histopathologists and clinicians for determining the prognostic factors of PEcoma and the classification between benign/borderline and malignant PEComa still does not have a consensus. I think a more complete review of the literature and its data is needed to once again highlight the doubts about this entity. | Thank you for your comment. I will address it separately.  1. I have no put up a histopathological illustration, but rather mentioned it in the case discussion. I fear that its likely not well appreciated for readers who are not from pathology or oncology related specialty. Instead, illustration of gross appearance is of more relevant to general gynaecologist/gynae-oncologist.. Furthermore, my aim to demonstrate the clinical difficulty in diagnosing this rare tumour 2. In our Malaysian setting, pelvis ultrasound is commonly done by gynaecologist or gynae-oncologist at bedside setting (not by radiologist). The description was manually entered and saving of ultrasound pictures is not common. Preoperative imaging such as CT or MRI is not routine unless suspicion arises. Hence the reason behind why only description of bedside ultrasound findings is mentioned in the case presentation. 3. Yes there is still no complete agreement regarding classification. Nevertheless, classification based on WHO 2020 anD Folpe’s criteria were widely accepted, which I have put more emphasis.(highlighted in yellow). 4. Yes at present there is no agreed prognostic factors due to rarity of this tumour. I have make some amendment (highlighted in yellow)   Minor changes is done and I hope is suffice. |
| **Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.** | The references are a little old, there are a few more reviews and new perspectives to take into consideration>   1. Annelise M. Wilhite, Valeria Dal Zotto, Paige Pettus, Julie Jeansonne, Jennifer Scalici, **Perivascular epithelioid cell tumor (PEComa) of the uterus: Challenges of pregnancy in determining prognosis and optimal treatment**, Gynecologic Oncology Reports,Volume 40,2022,100962,ISSN 2352-5789 2. Gadducci A, Zannoni GF. **Perivascular epithelioid cell tumors (PEComa) of the female genital tract: a challenging question for gynaecologic oncologist and pathologist**. Gynecol Oncol Rep. 2020;33:100603. doi:10.1016/j.gore.2020.100603 3. Tang X, Feng M, Shen Y, et al. **Perivascular epithelioid cell tumor of the uterine cervix identified on the liquid-based cytology: a case report**. Diagn. Pathol. 2023;18(1):7. doi:10.1186/s13000-023-01290-3 4. R. Wang, H. Luo, W. Cao, **Clinical and ultrasound features of uterine perivascular epithelioid cell tumors: case series and literature review, Ultrasound in Obstetrics** & GynecologyUltrasound in Obstetrics & GynecologyUltrasound in Obstetrics & Gynecology, 10.1002/uog.29116, **64**, 5, (687-695), (2024 | Thank you for your suggestion. I have reviewed those references, search for a bite more review, and decided to use some of the references (Highlighted in yellow) to make minor changes in my manuscript. |
| Is the language/English quality of the article suitable for scholarly communications? | Yes the language is well formed and understandable, it needs some arrangements, but overall it is clear. | Thank you |
| Optional/General comments |  |  |

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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)* |
| **Are there ethical issues in this manuscript?** | *(If yes, Kindly please write down the ethical issues here in details)* | Thank you |