



SDI Review Form 1.6

PART 1:

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	MS: 2012_IJTDH_2936
Title of the Manuscript:	HISTOPATHOLOGICAL PATTERNS OF THYROID NEOPLASMS IN IBADAN NIGERIA: A TWENTY YEAR RETROSPECTIVE STUDY.

General guideline for Peer Review process is available in this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)

- This form has total 9 parts. Kindly note that you should use all the parts of this review form.



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PART 2: Review Comments

	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>
<u>Compulsory</u> REVISION comments	This is a retrospective analysis of 174 cases of epithelial and non-epithelial (the letter account for only a small fraction of cases:9/174) thyroid neoplasms surgically removed in southwestern region of Nigeria over 20 years. The results show that both benign and malignant thyroid neoplasms mainly affect female and that follicular adenoma and papillary carcinoma are the most frequent histotypes encountered among benign and malignant thyroid neoplasms, respectively. These figures roughly mirror the trend observed in US (as quoted by the Authors) but also in Europe. By contrast the rate of thyroid follicular carcinoma is high and consistent with a iodine deficient area. Since , in addition to the pinpointed problem of the differential diagnosis between the follicular variant of papillary carcinoma and follicular carcinoma, there is the problem of the distinction between follicular adenoma and follicular carcinoma at its early stage of development and 12 out of 32 follicular carcinoma in the present series fell into the group of age below 40 years, we wonder if, among this group all of the cases were overt invasive follicular carcinoma and whether, among the group of follicular adenomas, it was possible to ruled out in all of the cases the presence of cases of minimally invasive follicular carcinoma. To provide this information ,might strengthened the data and make more robust the message of the paper pointing to the problem of iodine deficient area .	



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	Furthermore to give an idea of the variation over the time of the two follicular derived histotypes it might be useful to add a table depicting how the incidence of the two histotypes changed over the 20 years considered.	
<u>Minor</u> REVISION comments	Detailed remarks The following inconsistencies have to be amended. The case material is differently named in the Summary and in the Introduction: summary, lines 21 and 22 “biopsies”; introduction line 77 “surgical specimens” Results, line 87 “there was a significantly greater proportion of male patients with malignant neoplasms.....”. The statement is in contrast with what reported above “.... 62 were females while 36 were males...”, with is quoted in Fig 1 and commented upon in the Discussion and in the Conclusions. Suggestions Regarding the four cases of squamous cell carcinoma, was it ruled out a secondary involvement of the thyroid from other neighbouring HN sites? Was the MPNST a case NF1 related? If not was the diagnosis of SS, owing the tumor location, excluded?	
<u>Optional/General</u> comments	The results show that both benign and malignant thyroid neoplasms mainly affect female, and that follicular adenoma and papillary carcinoma are the most frequent histotypes encountered among benign and malignant neoplasms, respectively. These figures roughly mirror the trend observed in US (as quoted by the Authors) but also in Europe. By contrast the rate of follicular carcinoma is high and consistent with a iodine deficient area.	

Note: Anonymous Reviewer