

Review of: "Notes on the morphological features of cotyledonary dissecting leiomyoma, which is rare in clinical practice"

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Potential competing interests: No potential competing interests to declare.

Thanks for considering me for reviewing this manuscript.

It is a very uncommon pathology and its features, and regarding the manuscript:

1. In the first paragraph, authors should change the first line, despite of being an editorial, it should be addressed as an introduction and the first line has no place in that position, it could be after "A cotyledonoid dissecting leiomyoma is a uterine leiomyoma with a very rare placental lobed tissue morphology that can be misdiagnosed as a malignant uterine leiomyosarcoma because of its rarity and characteristic appearance on gross examination".
2. If the case from Ye et al. is going to be the base of the first two-three paragraphs, it should have more details and it should be place in the first or second paragraph, thus those can be included later during the editorial and suppress repeated sentences like: "Ye H et al. reported the case of a 49-year-old woman with cotyledonoid dissecting leiomyoma diagnosed by surgical pathology using a postoperative paraffin-embedded tissue section" (4th paragraph, first line).
3. The case presented is very interesting, and I congrats the authors because it is clear enough for the readers.
4. After the image, the authors should list the differences between a leiomyosarcoma vs a cotyledonary dissecting leiomyoma, making the text more fluid and forceful with respect to the title, additionally statements like: "total abdominal hysterectomy (TAH) and bilateral salpingo-oophorectomy (BSO), can be avoided in patients of reproductive age if medical staff are aware of and experienced in recognizing the appearance and characteristics of cotyledonoid dissecting leiomyomas" should have either a reference or re-phrase it, because given the fact of the difficulty recognizing its malignant variant, using the principle of no harm and beneficence, this statement could be consider not entirely accurate.
5. Conclusions are very good, it actually summarize the editorial and it is pretty clear about the difference, it would be great if there is a line in it regarding some features or if there are none in the images (CT, MRI).
6. With these minor changes, I consider this manuscript can be published.