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REVIEWER'S REPORT

Manuscript No.: IJAR-59177

Title: Secondary pelvic hydatidosis in multivisceral cystic echinococcosis,

Recommendation:

Accept as it is .....

Accept after minor revision.....

Accept after major revision .....x.....

Do not accept (*Reasons below*) .....

Rating	Excel.	Good	Fair	Poor
Originality		x		
Techn. Quality			x	
Clarity			x	
Significance			x	

Reviewer's ID: JPR-142

Detailed Reviewer's Report

The manuscript describes a 38-year-old woman with a history of previous hepatic hydatid surgery and subsequent pulmonary, hepatic, splenic, and pelvic cystic lesions. The authors report two multivesicular pelvic masses with imaging characteristics compatible with Gharbi type III and morphologically corresponding to WHO-IWGE CE2 cysts. The report highlights the role of imaging, albendazole, multidisciplinary management, and surgical treatment in multivisceral disease. The topic is clinically relevant because pelvic involvement is uncommon and may create diagnostic challenges in endemic settings. The manuscript is generally organized, and the imaging-based discussion provides useful clinical context. The manuscript has substantial limitations. The exact surgical procedure, patient-specific antiparasitic regimen, histopathological confirmation, and details of postoperative follow-up are not adequately documented. Furthermore, the inclusion of a literature-derived histopathology image requires careful consideration regarding its contribution to the case report. These issues should be addressed through major revision.

Insufficient description of the surgical procedure

The manuscript states that hepatic, splenic, and pelvic lesions were treated during a single operation. However, the operative report was unavailable, and the exact surgical techniques were not described.

The authors should provide, if available:

- The date and duration of surgery.
- The specific procedures performed for the hepatic, splenic, and pelvic lesions.
- Whether complete cyst excision, pericystectomy, or a conservative approach was used.
- The relationship of the pelvic cysts to the uterus, ovaries, ureters, bladder, rectum, and major pelvic vessels.
- Any intraoperative complications, including cyst rupture or spillage.
- Details of postoperative recovery.

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If the original operative details cannot be retrieved, this limitation should be clearly stated, and generalized surgical principles should be distinguished from patient-specific observations.

2**. Lack of patient-specific histopathological confirmation**

The manuscript includes a histopathology figure identified as an illustrative image derived from the CDC DPDx resource rather than from the patient. Consequently, the figure does not provide pathological confirmation of this particular case. The authors should clarify whether histopathological examination of any excised cyst was performed. If pathology was performed, the corresponding findings should be reported. If no histopathological report is available, the authors should avoid presenting the illustrative image as supporting evidence for the patient's diagnosis.

3. Incomplete documentation of albendazole therapy

The manuscript reports a total duration of medical treatment of two years but does not provide the exact dose, treatment schedule, treatment interruptions, or rationale for the duration.

Clarify:-

- The prescribed daily dose and treatment regimen, if available.
- The duration of preoperative and postoperative treatment.
- The clinical rationale for the reported two-year duration.
- Whether liver function tests and complete blood counts were monitored.
- Whether any adverse effects or treatment interruptions occurred.

If these data cannot be obtained, the authors should explicitly identify the missing information and avoid implying that two years of treatment is a standard requirement for pelvic hydatidosis.

4. Clarification of the diagnostic timeline

The initial CT examination was performed on 26 August 2020, whereas pelvic ultrasound and MRI were performed in March 2022. The manuscript should clarify the clinical circumstances surrounding these investigations and explain the interval between the initial imaging and subsequent diagnosis and treatment.

A more detailed timeline should include symptom onset, referral, diagnostic evaluation, treatment dates, and follow-up assessments, where these details are available.

5. Insufficient documentation of postoperative follow-up

The manuscript describes the clinical and radiological outcome as favourable, but the duration and specific findings of follow-up are not adequately presented.

The authors should provide, if available:-

- The duration of follow-up after surgery.
- Postoperative imaging findings for the treated lesions.
- The status of the pulmonary lesion referred to thoracic surgery.
- Evidence of recurrence or residual disease.

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- The patient's clinical status and any postoperative complications.

6. Need to distinguish established evidence from case-specific inference

The discussion proposes that previous hepatic operations may have contributed to secondary pelvic dissemination through operative leakage or recurrence. This is a plausible hypothesis, but the available information does not establish the mechanism of dissemination.

The authors should ensure that proposed mechanisms are presented as hypotheses rather than confirmed explanations. The manuscript appropriately acknowledges this limitation, but the wording should remain consistent throughout the discussion and conclusion.

7. Strengthen the differential diagnosis and diagnostic reasoning

The manuscript lists several differential diagnoses for pelvic cystic masses. However, the authors should explain more explicitly why cystic echinococcosis was favoured over alternative diagnoses in this patient.

Should be integrate:-

- The presence of daughter vesicles and detached membranes.
- The multivisceral distribution of cystic lesions.
- The imaging classification and its limitations.
- The role and limitations of positive hydatid serology.
- The clinical relevance of the previous hepatic hydatid operations.