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REVIEWER'S REPORT

Manuscript No.: IJAR-56383

Title: Thyroid angiosarcoma: A case report and review of literature,

Recommendation:

Accept as it is

Accept after minor revision.....

Accept after major revisionYES.....

Do not accept (*Reasons below*)

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

Detailed Reviewer's Report

Overall Evaluation

This manuscript presents a case of primary thyroid angiosarcoma in a 68-year-old Moroccan woman with rapid progression and early pulmonary metastasis. Given the rarity of thyroid angiosarcoma, the case is potentially suitable for publication as a clinical case report after major revision.

STRENGTHS

1. Rare Clinical Entity

Thyroid angiosarcoma is extremely rare (<1% of thyroid malignancies), making case documentation valuable. Previous major clinicopathological analyses such as those by Papotti et al. in The American Journal of Surgical Pathology support the rarity of this tumor.

2. Histopathological Confirmation

Appropriate use of endothelial immunohistochemical markers:

ERG

CD31

CD34

REVIEWER'S REPORT

The inclusion of immunohistochemistry strengthens diagnostic validity.

3. Clear Clinical Course

The manuscript clearly describes:

Rapid tumor growth

Surgical management

Close margins (<1 mm)

Early pulmonary metastasis

Fatal outcome

This demonstrates the aggressive biological behavior of the tumor.

4. Educational Value

The discussion highlights the differential diagnosis with anaplastic thyroid carcinoma, which is clinically relevant.

WEAKNESSES

1. Limited Clinical Detail (Major Issue)

The case presentation lacks:

Thyroid function test results

Ultrasound findings

TNM staging

Details of radiotherapy (dose, duration, field)

Follow-up timeline (exact survival duration from diagnosis)

2. Insufficient Literature Review

REVIEWER'S REPORT

Although titled "case report and review of literature," the review section is minimal. Key epidemiological and survival data from:

Pathology

World Journal of Surgery

are not adequately synthesized.

A proper table comparing previously reported cases is recommended.

3. No Molecular or Advanced Pathology Discussion

Recent literature discusses:

MYC amplification

Radiation-associated angiosarcoma

Molecular profiling

This is not addressed.

4. Figures Not Adequately Described

Figure legends are too brief. They should include:

Magnification level

Staining type

Key microscopic features (e.g., atypical endothelial cells, vascular channels)

5. Grammar and Formatting Issues

Minor language corrections are needed:

"Figure1" → "Figure 1"

REVIEWER'S REPORT

"SurgPathol" spacing error

Some reference formatting inconsistencies

SIGNIFICANCE

Clinical Significance

Highlights aggressive nature of thyroid angiosarcoma.

Reinforces the importance of immunohistochemistry for accurate diagnosis.

Demonstrates poor prognosis despite multimodal therapy.

Scientific Significance

Moderate.

Since thyroid angiosarcoma cases have already been reported in journals like International Journal of Endocrinology, novelty depends on:

Geographic rarity (Moroccan case)

Detailed pathological documentation

Literature synthesis quality

Currently, scientific contribution is limited by lack of depth.

KEY POINTS FOR IMPROVEMENT

Expand literature review (add 8–10 recent references, 2015–2025).

Add comparison table of reported cases (age, region, survival, treatment).

Provide detailed radiotherapy protocol.

REVIEWER'S REPORT

Include TNM stage.

Improve figure legends with technical detail.

Add a brief paragraph on molecular characteristics.

Strengthen conclusion with a take-home clinical message.

RECOMMENDATION

Major Revision Required

The manuscript is potentially publishable, but substantial expansion of clinical details and literature review is required before acceptance.

REVIEWER REPORT – MAJOR REVISION RECOMMENDED

OVERALL ASSESSMENT: MAJOR REVISION REQUIRED

Although the topic (thyroid angiosarcoma) is rare and clinically relevant, the manuscript in its current form is **insufficient for publication** due to major deficiencies in structure, scientific depth, literature integration, formatting, and reporting standards (CARE guidelines for case reports).

JUSTIFICATION

TITLE (Line 1)

Issue:

Title is generic.

Does not highlight uniqueness of the case.

REVIEWER'S REPORT

"Review of literature" is mentioned but no real literature review is presented.

Required Revision:

Specify what makes the case unique (e.g., rapid fatal course, bilateral involvement, Moroccan origin, margin status, etc.).

If literature review is claimed, a structured review section must be included

Example improvement:

"Primary Thyroid Angiosarcoma with Early Pulmonary Metastasis: A Fatal Case Report and Updated Literature Review"

ABSTRACT (Lines 4-18)

Line 5-6:

"exceptionally rare and highly aggressive vascular malignancy"

Correct but lacks epidemiological context.

Problem:

No background sentence explaining clinical significance.

No objective statement.

No structured format (Background, Case, Conclusion).

Line 7-8:

"68-year-old Moroccan woman..."

Acceptable demographic detail.

Missing:

REVIEWER'S REPORT

Past medical history (goiter? radiation exposure? iodine deficiency?)

Duration of symptoms

Line 9:

“large bilateral thyroid tumor”

No size mentioned.

No radiological characteristics (heterogeneity? necrosis? vascularity?)

Line 10-12:

“Histopathological examination confirmed...”

No description of morphology (epithelioid? spindle? necrosis? mitoses?)

No differential diagnosis discussed.

Line 13:

“margins were close (<1 mm)”

Does not state if R0 or R1 resection.

No comment on lymph nodes.

Line 14-15:

“early pulmonary metastases occurred”

No timeline specified.

No method of detection (CT? PET-CT?)

Major Abstract Problems

Not structured.

No learning message.

No novelty statement.

REVIEWER'S REPORT

No survival duration clearly stated.

Major Revision Required

INTRODUCTION (Lines 20-26)

Line 21-22:

“less than 1% of primary thyroid cancers”

Needs updated global incidence data.

Requires recent references (post-2018).

Line 23-24:

“reported more frequently in Alpine regions...”

Correct historically.

No explanation of pathogenesis link with iodine deficiency.

No modern epidemiology discussion.

Line 24-26:

Very brief (only 6 lines total).

Major Issues:

No mention of WHO classification.

No discussion of differential diagnosis (anaplastic carcinoma).

No mention of diagnostic challenges.

No rationale for reporting this case.

Introduction is insufficiently developed.

☒ *CASE PRESENTATION (Lines 28-47)*

REVIEWER'S REPORT

This section is critically underdeveloped.

Missing Clinical Data:

Vital signs

Thyroid function tests

Tumor markers

Ultrasound findings

FNAC results

Operative findings

Lymph node status

Postoperative course

Line 32:

“Cervical computed tomography revealed...”

No tumor dimensions.

No vascular invasion described.

No tracheal/esophageal compression details.

Figures (Lines 36 & 45)

No figure legends properly written.

No magnification level mentioned.

No staining method mentioned (H&E? IHC?).

This violates CARE case report standards.

PATHOLOGY DESCRIPTION (Lines 38-41)

“malignant vascular proliferation”

Too vague.

No description of:

REVIEWER'S REPORT

Anastomosing channels

Epithelioid morphology

Necrosis

Mitotic index

Ki-67 proliferation index

Immunohistochemistry

Markers mentioned:

ERG

CD31

CD34

Missing:

Cytokeratin (to rule out anaplastic carcinoma)

TTF-1

PAX8

Factor VIII

Ki-67 index

Differential diagnosis not discussed.

DISCUSSION (Lines 48-54)

Extremely short (7 lines only).

REVIEWER'S REPORT

Major deficiencies:

No comparison with previously reported cases.

No survival statistics.

No discussion of treatment strategies.

No chemotherapy discussion.

No targeted therapy or immunotherapy mention.

No explanation of margin status impact.

No prognostic factors analysis.

No molecular findings discussion.

A "review of literature" is claimed but NOT presented.

This is the strongest reason for Major Revision.

CONCLUSION (Lines 55–59)

Too generic.

"Early diagnosis and multidisciplinary management are crucial"

No specific takeaway.

No clinical learning point.

No recommendation for clinicians.

REFERENCES (Lines 61–73)

Major Issues:

REVIEWER'S REPORT

Only 5 references → Inadequate for literature review.

Outdated citations (mostly before 2018).

Formatting errors:

“Am J SurgPathol.” (should be Am J Surg Pathol.)

No DOI numbers.

In-text citations inconsistent.

If claiming “review of literature,” minimum 15–25 references expected.

STRUCTURAL DEFICIENCIES

The manuscript does NOT follow:

CARE Case Report Guidelines

Structured abstract format

Proper figure formatting

Journal citation style consistency

Ethical approval statement

Patient consent statement

Conflict of interest declaration

Funding statement

SCIENTIFIC GAPS SUMMARY

Category	Status
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Novelty justification	Weak
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REVIEWER'S REPORT

Category	Status
Literature review	Inadequate
Pathology description	Insufficient
Radiology details	Missing
Differential diagnosis	Absent
Treatment discussion	Minimal
Prognostic analysis	Missing
Molecular markers	Not discussed
Figures	Incomplete
References	Too few & outdated

FINAL RECOMMENDATION**MAJOR REVISION REQUIRED**

This manuscript requires

Structured abstract.

Expanded introduction with updated epidemiology.

Detailed case presentation (clinical, radiological, pathological).

Full immunohistochemical panel discussion.

Differential diagnosis section.

Expanded discussion (minimum 2–3 pages).

True literature review with comparison table.

Updated references (≥ 20).

Proper figure legends.

Ethical statements.

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