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## REVIEWER'S REPORT

Manuscript No.: IJAR-56414

Title: From Mastitis to Metastasis: Inflammatory Breast Carcinoma Masquerading as Mastitis – A Diagnostic Challenge

### Recommendation:

Accept as it is .....

Accept after minor revision.....

Accept after major revision .....YES.....

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

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

Reviewer Name: Prof. Dr. Dillip Kumar Mohapatra

## Detailed Reviewer's Report

### Overall Evaluation

This manuscript presents a case of **Inflammatory Breast Carcinoma (IBC)** in a young woman initially treated as mastitis, later diagnosed at Stage IV with distant metastases. The case highlights the diagnostic challenge of distinguishing inflammatory malignancy from benign inflammatory breast conditions.

The topic is clinically relevant and educational; however, the manuscript requires moderate revision to strengthen scientific depth, clarity, and academic impact.

## STRENGTHS

### 1. Clinically Relevant Topic

IBC is rare (1–5% of breast cancers) and highly aggressive.

Misdiagnosis as mastitis is a well-recognized but important clinical pitfall.

The case reinforces vigilance in non-resolving inflammatory breast conditions.

### 2. Detailed Clinical Description

## REVIEWER'S REPORT

Comprehensive documentation of:

Clinical findings

Imaging results

Cytology

Histopathology

Metastatic work-up

Systemic examination and staging are adequately described.

### 3. Histopathological Confirmation

Clear documentation of:

Dermal lymphatic tumor emboli

Vascular and perineural invasion

These findings strongly support the diagnosis of IBC.

### 4. Educational Value

Useful for general surgeons, radiologists, oncologists, and primary care physicians.

Emphasizes importance of early biopsy in refractory mastitis

## WEAKNESSES

### 1. Limited Novelty

IBC mimicking mastitis is already well-documented in literature.

The manuscript does not clearly state what makes this case unique (e.g., age, delay duration, metastatic pattern, postpartum context).

## REVIEWER'S REPORT

### 2. Lack of Oncologic Details

Missing critical data:

ER/PR/HER2 receptor status

Ki-67 index

Molecular subtype

Planned or initiated treatment

Follow-up/outcome data

These are essential in modern oncologic case reports.

### 3. Imaging Section Needs Strengthening

No mammography findings mentioned.

No PET-CT discussion.

No radiological images included (should include USG, CT, histopathology images).

### 4. Discussion Section is Brief

Limited literature comparison.

No discussion on:

NCCN/ESMO diagnostic recommendations

Recommended timeline for biopsy in non-resolving mastitis

Prognostic implications

### 5. Language and Formatting Issues

## REVIEWER'S REPORT

Minor grammatical errors (e.g., "4-5mnths" should be standardized).

Some spacing and formatting inconsistencies.

References formatting requires correction (journal names not uniformly styled).

## SIGNIFICANCE

### Clinical Significance: High

Highlights aggressive nature of IBC.

Reinforces need for early tissue diagnosis.

Important for low-resource settings where mastitis is common.

### Scientific Novelty: Moderate

Concept not new.

Educational reinforcement rather than novel discovery.

### Public Health Relevance: Moderate to High

Especially relevant in younger women and postpartum patients.

Emphasizes delayed diagnosis consequences.

## KEY POINTS OF THE MANUSCRIPT

IBC can closely mimic mastitis.

Lack of response to antibiotics should prompt early biopsy.

Dermal lymphatic invasion is diagnostic.

Young age does not exclude aggressive malignancy.

## REVIEWER'S REPORT

Delay can result in advanced metastatic presentation.

Multimodality staging is essential.

## RECOMMENDATIONS FOR IMPROVEMENT

### Major Revisions Required:

Add receptor status (ER/PR/HER2, Ki-67).

Include treatment details and follow-up.

Expand discussion with recent literature comparison.

Add imaging and histopathology figures.

Improve language editing.

Include guideline-based management discussion.

Clarify the unique learning aspect of this case.

## FINAL RECOMMENDATION

Decision: MAJOR REVISION

### Justification:

Clinically valuable case.

Adequate documentation.

However, lacks molecular details, outcome data, and deeper academic discussion.

Requires strengthening to meet publication standards of indexed medical journals.

## REVIEWER'S REPORT

### JUSTIFICATION FOR MAJOR REVISION

**Manuscript Title:**

*From Mastitis to Metastasis: Inflammatory Breast Carcinoma Masquerading as Mastitis — A Diagnostic Challenge*

#### ***Limited Scientific Novelty***

Although **Inflammatory Breast Carcinoma (IBC)** mimicking mastitis is a recognized clinical phenomenon, the manuscript does not clearly establish what differentiates this case from previously reported cases.

Similar case reports already exist in literature.

The authors have not emphasized a unique diagnostic, pathological, or management aspect.

Novel contribution to existing knowledge is insufficiently articulated.

**Therefore, substantial revision is required to clarify the originality and clinical contribution of this case.**

#### ***Absence of Essential Oncologic Details***

The manuscript lacks critical tumor biology information:

ER status

PR status

HER2/neu status

## REVIEWER'S REPORT

Ki-67 proliferation index

Molecular subtype classification

Modern oncologic case reports require receptor profiling, as management and prognosis depend heavily on these factors.

**Without these details, the report is incomplete and requires major revision.**

### ***No Treatment and Follow-Up Information***

The manuscript ends at diagnosis of Stage IV disease without describing:

Systemic therapy initiated

Chemotherapy regimen

Targeted therapy (if HER2 positive)

Palliative measures

Patient outcome or short-term follow-up

A case report should provide the complete clinical trajectory, not just diagnostic confirmation.

**The absence of management and outcome data necessitates major revision.**

### ***Discussion Section Lacks Depth and Literature Integration***

The Discussion is relatively brief and:

Does not compare the case adequately with previously published reports.

Does not reference current diagnostic criteria or guidelines.

Does not discuss recommended timing for biopsy in non-resolving mastitis.

Does not elaborate on prognostic implications of Stage IV IBC.

## REVIEWER'S REPORT

The discussion remains descriptive rather than analytical.

**Substantial expansion and literature integration are required.**

### ***Imaging Section is Incomplete***

Mammography findings are not reported or explained.

No PET-CT correlation is discussed.

Radiological images are not included.

Imaging progression is not critically analyzed.

In a diagnostic challenge case report, radiologic correlation is crucial.

**Revision is required to strengthen radiologic documentation.**

### ***Formatting and Language Issues***

Typographical errors (e.g., "4-5mnths").

Minor grammatical inconsistencies.

Spacing errors (e.g., "Subcentimetricmediastinal").

Reference formatting inconsistencies.

These issues affect manuscript professionalism.

**Technical editing is required before acceptance.**

### ***Lack of Structured Learning Points***

The manuscript does not clearly provide:

Key clinical take-home messages.

## REVIEWER'S REPORT

Red-flag signs differentiating mastitis from IBC.

Practical recommendations for clinicians.

Given that IBC is often misdiagnosed, a structured educational section is necessary.

Addition of key learning points is required.

### ***Insufficient Highlighting of Clinical Implications***

While the case demonstrates aggressive disease, it does not:

Analyze reasons for diagnostic delay.

Discuss system-level factors contributing to misdiagnosis.

Offer preventive strategies for similar cases.

For publication in a peer-reviewed journal, broader clinical implications must be addressed.

**Major revision required to enhance clinical impact.**

## Summary of Reasons for MAJOR REVISION

Issue	Severity
Missing receptor and molecular data	Major
No treatment/follow-up information	Major
Limited novelty explanation	Major
Brief discussion with weak literature correlation	Major
Incomplete imaging documentation	Major
Language and formatting errors	Moderate
No structured learning points	Moderate

## Editorial Decision Justification

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## **REVIEWER'S REPORT**

While the case is clinically relevant and potentially educational, it currently lacks the scientific depth, oncologic completeness, and analytical discussion required for publication in an indexed medical journal.

Therefore, **MAJOR REVISION** is justified before reconsideration.