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ISSN NO. 2320-5407

REVIEWER'S REPORT

Manuscript No.: IJAR-56668

Title: Spontaneous Pneumomediastinum Revealing Diffuse Cystic Lung Disease in a Young Woman: A Case Suggestive of Lymphangioleiomyomatosis,

Recommendation:

Accept as it is .....

Accept after minor revision.....YES.....

Accept after major revision .....

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

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

Reviewer's ID: JPR-094

Detailed Reviewer's Report

1. Strengths of the Manuscript

1. **Clinically interesting case:**

The manuscript presents a rare clinical presentation where spontaneous pneumomediastinum led to the discovery of diffuse cystic lung disease suggestive of lymphangioleiomyomatosis (LAM).

2. **Clear clinical description:**

The case presentation is well organized, describing the patient's symptoms, diagnostic work-up, imaging findings, and clinical course.

3. **Use of imaging investigations:**

The inclusion of chest CT findings and follow-up imaging provides useful diagnostic insight for clinicians.

4. **Educational value:**

The report highlights the importance of considering underlying cystic lung diseases in patients presenting with spontaneous pneumomediastinum, particularly in young women.

5. **Relevant literature discussion:**

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The discussion adequately explains the pathophysiology of pneumomediastinum and briefly reviews diffuse cystic lung diseases.

2. Weaknesses of the Manuscript

1. **Limited novelty:**

Case reports describing spontaneous pneumothorax or pneumomediastinum associated with lymphangioleiomyomatosis have been previously reported in the literature.

2. **Diagnostic confirmation lacking:**

The diagnosis of lymphangioleiomyomatosis is only **suspected** based on imaging findings. Confirmatory investigations such as **serum VEGF-D levels, genetic testing, or histopathology** are not provided.

3. **Limited differential diagnosis discussion:**

Other diffuse cystic lung diseases such as pulmonary Langerhans cell histiocytosis and Birt-Hogg-Dubé syndrome are mentioned but not sufficiently discussed in the differential diagnosis.

4. **Short follow-up information:**

The manuscript does not provide details about long-term follow-up or final diagnostic confirmation at the specialized center.

5. **Minor language and formatting issues:**

Some grammatical errors and formatting inconsistencies are present and should be corrected.

3. Significance of the Study

Although spontaneous pneumomediastinum is usually benign, it may occasionally reveal an underlying pulmonary pathology. This case emphasizes the importance of careful radiological evaluation and follow-up imaging to identify diffuse cystic lung diseases such as lymphangioleiomyomatosis. The report has educational value for clinicians in pulmonology and emergency medicine.

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4. Key Points

* Spontaneous pneumomediastinum is a rare clinical condition in young adults.

* Imaging studies, particularly CT scan, play a crucial role in diagnosis.

* Follow-up imaging can reveal underlying pulmonary diseases.

* Diffuse cystic lung disease, including lymphangioleiomyomatosis, should be considered in young female patients presenting with pneumomediastinum.

* Early identification of LAM is important for appropriate monitoring and management.

5. Recommendation

Accept after Minor Revision

Reasons

* The manuscript describes a clinically relevant and educational case.

* The overall structure and presentation are adequate.

* However, minor improvements are required, including:

  * Language and grammatical corrections

  * Expansion of the differential diagnosis

  * Clarification regarding diagnostic confirmation and follow-up

  * Minor improvements in the discussion section.

 # Justification for Minor Revision

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Manuscript Title:

Spontaneous Pneumomediastinum Revealing Diffuse Cystic Lung Disease in a Young Woman: A Case Suggestive of Lymphangioleiomyomatosis

Overall, the manuscript presents an interesting clinical case with educational value. The structure of the manuscript is appropriate and the case description is clear. However, several **minor issues related to clarity, grammar, and additional explanation** need to be addressed before publication.

Abstract

Line 6–7

* The sentence structure can be improved for clarity.

* Suggested revision: *"Spontaneous pneumomediastinum is a rare clinical entity characterized by the presence of air within the mediastinum without preceding trauma or invasive procedures."*

Line 9–10

* The description of imaging findings could be simplified for better readability.

Line 11–12

* The phrase *"diffuse bilateral thin-walled pulmonary cysts suggestive of lymphangioleiomyomatosis"* should clarify that the diagnosis is **radiologically suspected but not confirmed**.

Keywords

Line 17–18

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* Consider adding additional indexing terms such as **"case report"** or **"high-resolution CT"** to improve article discoverability.

Introduction

Line 21–22

* The incidence range should be supported by a **recent epidemiological reference** or updated data.

Line 25–27

* There is a formatting error in "intra26 alveolar pressure"; spacing should be corrected.

Line 27

* "Spontaneous pneumomediastinum" should not be capitalized in the middle of the sentence.

Case Presentation

Line 31

* Patient demographic details are adequate, but additional clinical information such as **BMI, past respiratory history, or family history** could strengthen the case description.

Line 33–35

* Vital signs other than oxygen saturation (pulse rate, blood pressure, respiratory rate) should be included for completeness.

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Line 36–38

* The CT angiogram findings are well described, but it would be beneficial to briefly explain **why CT angiography was preferred initially**.

Line 44–45

* The reason for performing **bronchoscopy and upper gastrointestinal endoscopy** should be briefly justified.

Line 52–55

* The description of pulmonary cysts is appropriate; however, the authors should mention **high-resolution CT characteristics more clearly**.

Line 59–60

* Pulmonary function test results are reported but could be expanded to include **interpretation of obstructive or restrictive patterns**.

Line 63–64

* The absence of renal angiomyolipoma is mentioned, which is relevant for LAM; however, the authors may briefly explain its clinical relevance.

Discussion

Line 69–74

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* The explanation of the Macklin effect is appropriate but could be supported with **one additional recent reference**.

Line 85–87

* The discussion of differential diagnosis of diffuse cystic lung disease should be expanded slightly, particularly regarding **Birt-Hogg-Dubé syndrome and pulmonary Langerhans cell histiocytosis**.

Line 91–92

* The role of **serum VEGF-D** should be explained in more detail as a diagnostic biomarker for LAM.

Line 93–94

* The statement regarding pneumomediastinum as a rare complication of LAM could benefit from **supporting literature citations**.

Conclusion

Line 96–101

* The conclusion appropriately summarizes the clinical message but could be shortened to avoid repetition from the discussion.

References

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Line 104–112

* References appear appropriate; however:

* Authors should ensure **uniform citation formatting**.

* Inclusion of **more recent references (within the last 5–10 years)** would strengthen the discussion.

 # Final Recommendation

Recommendation: Accept after Minor Revision

Reason

The manuscript presents a clinically relevant and educational case of spontaneous pneumomediastinum revealing possible lymphangioleiomyomatosis. The case description and structure are adequate; however, minor revisions related to **clarity, formatting, expansion of discussion, and small methodological explanations** are required before publication.