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REVIEWER'S REPORT

Manuscript No.: IJAR-56988

Title: SYNDROME DE GORLIN-GOLTZ : Diagnostic, prise en charge thérapeutique et suivi.,

Recommendation:

Accept after minor revision

Rating	Excel.	Good	Fair	Poor
Originality		✓,		
Techn. Quality		✓,		
Clarity	✓,			
Significance	✓,			

Reviewer Name: Dr Abdul Haseeb Mir

Detailed Reviewer's Report

The article titled "Gorlin-Goltz Syndrome: Diagnosis, Therapeutic Management and Follow-up" (Syndrome de Gorlin-Goltz: Diagnostic, prise en charge thérapeutique et suivi) provides a comprehensive clinical evaluation of a rare but significant multisystemic genetic disorder. By documenting the experiences of eight patients treated for odontogenic keratocysts within a specialized maxillofacial and stomatology unit, the authors offer practical insights into the diagnostic challenges and long-term management strategies required for this complex condition. This research is highly relevant for oral surgeons, dermatologists, and geneticists, as it emphasizes the necessity of a multidisciplinary approach to preventing the severe morbidities associated with Nevoid Basal Cell Carcinoma Syndrome (NBCCS).

The manuscript's strength lies in its clear articulation of the diagnostic criteria established by Gorlin and Goltz. The authors effectively categorize clinical signs into major and minor criteria—such as multiple basal cell carcinomas, odontogenic keratocysts of the jaw, palmar/plantar pits, and skeletal anomalies like bifid ribs. By anchoring the study in these established parameters, the paper provides a reliable framework for clinicians to identify the syndrome even when patients present with seemingly isolated symptoms. The retrospective nature of the study allows for a meaningful look at the progression of the disease and the efficacy of surgical interventions over time.

The surgical focus of the paper is particularly instructive. The authors detail the management of odontogenic keratocysts, which are often the first sign of the syndrome in younger patients. The discussion on the high recurrence rate of these cysts and the various surgical techniques employed—

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ranging from enucleation to more aggressive resections—highlights the delicate balance between radical treatment and the preservation of facial function and aesthetics. The authors correctly point out that because these patients are prone to developing multiple primary tumors throughout their lives, the "follow-up" component of the title is not merely a formality but a life-saving clinical necessity.

Furthermore, the article touches upon the genetic foundations of the syndrome, specifically the mutations in the PTCH1 gene. This connection between molecular biology and clinical manifestation adds a layer of modern scientific depth to the work. The authors argue convincingly that early diagnosis through clinical suspicion can lead to genetic counseling for families, potentially identifying affected relatives before the onset of more aggressive basal cell carcinomas. The integration of 2021 and 2025 references regarding bone regeneration and tendon-to-bone integration suggests that the authors are looking toward the future of reconstructive techniques for patients who suffer extensive skeletal damage due to the syndrome.

To further enhance the manuscript for publication in an international medical journal, a few minor revisions are recommended. First, while the clinical descriptions are thorough, the author should include more detailed "Pathological Correlations." Providing a brief analysis of the histological features of the keratocysts removed from the eight patients would strengthen the diagnostic section. Second, the "Therapeutic Management" section would benefit from a more explicit discussion on the use of targeted molecular therapies, such as Hedgehog pathway inhibitors (e.g., Vismodegib), which have emerged as significant non-surgical options for managing extensive basal cell carcinomas in Gorlin-Goltz patients.

From a structural perspective, the article is logically organized. However, the author should ensure that the "Results" section includes a clear table summarizing the specific major and minor criteria found in each of the eight cases. This would allow readers to quickly see the phenotypic variability within the study group. Linguistically, the translation into English must be carefully proofread to ensure that technical medical terminology—especially regarding craniofacial anatomy and surgical procedures—is used with absolute precision. The bibliography is generally strong, although the author should ensure that older foundational citations (like the 1960 Gorlin-Goltz paper) are supplemented with a few more systematic reviews from the 2023–2025 period to demonstrate the current state of global research.

In summary, this article represents a valuable clinical contribution to the understanding of a rare and challenging syndrome. It successfully captures the importance of early detection and the complexities of

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lifelong surgical and dermatological surveillance. By focusing on the tangible outcomes of a small but well-documented patient cohort, the authors provide a practical guide that will be of use to clinicians worldwide. With the addition of more detailed pathology and a look at modern pharmacological adjuncts, this paper will be an excellent resource for the maxillofacial and dermatological communities.

Recommendation: Recommend for publication with minor revision.