



# International Journal of Advanced Research

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## REVIEWER'S REPORT

Manuscript No.: **IJAR-57834**

**Title:** *Renal Metastasis of Bronchial Squamous Cell Carcinoma.*

	Rating	Excel.	Good	Fair	Poor
<b>Recommendation:</b>					
Accept after minor revision.....	Originality		✓		
	Techn. Quality		✓		
	Clarity		✓		
	Significance	✓			

**Reviewer's Name: Faheem Abdul Muneeb**

### Detailed Reviewer's Report

#### Overall Evaluation

The manuscript titled "*Renal Metastasis of Bronchial Squamous Cell Carcinoma*" presents a case report of a 62-year-old chronic smoker diagnosed with bronchial squamous cell carcinoma associated with unilateral renal metastasis and secondary hepatic involvement. The diagnosis was established through bronchial biopsy, imaging studies, renal biopsy, and immunohistochemical analysis, highlighting the importance of histopathological confirmation when evaluating renal lesions in patients with known malignancies.

The topic is clinically relevant because renal metastases originating from primary lung cancer remain relatively uncommon in routine clinical practice despite the kidney being a recognized

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site of metastatic dissemination. The case therefore contributes to the existing literature by documenting an unusual metastatic presentation of bronchial squamous cell carcinoma and emphasizing the diagnostic challenges associated with differentiating primary renal tumors from secondary metastatic lesions.

The manuscript is generally well structured and follows the conventional format expected for a clinical case report. The presentation of the patient's history, imaging findings, pathological examination, immunohistochemical profile, discussion of relevant literature, and management strategy proceeds in a logical sequence. The inclusion of radiological images, bronchoscopic findings, and immunohistochemical illustrations further enhances the educational value of the report.

A particular strength of the manuscript is the confirmation of the metastatic nature of the renal lesion through histopathological and immunohistochemical evaluation. The authors appropriately stress the importance of tissue diagnosis, especially given the potential radiological overlap between metastatic renal lesions and primary renal malignancies.

The discussion is concise and generally supported by relevant literature. The authors appropriately contextualize the rarity of renal metastases from bronchial squamous cell carcinoma and discuss current diagnostic and therapeutic considerations.

Nevertheless, several aspects of the manuscript would benefit from clarification and refinement. Some pathological interpretations require further explanation, certain immunohistochemical findings appear unusual and warrant discussion, and the literature review could be expanded to better highlight the novelty and clinical significance of the reported case.

Overall, the manuscript presents an interesting and educational clinical case that would be of value to clinicians involved in oncology, pulmonology, radiology, pathology, and internal medicine.

### **Strengths of the Paper**

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The manuscript addresses a rare clinical presentation. Renal metastasis from bronchial squamous cell carcinoma is uncommon, and the report contributes valuable clinical experience regarding its diagnosis and management.

Another important strength is the comprehensive diagnostic approach. The diagnosis was established through clinical evaluation, chest imaging, bronchoscopy, histopathological examination, immunohistochemistry, and abdominal imaging. This multimodal approach enhances the credibility of the diagnosis and provides educational value for readers.

The radiological and pathological illustrations constitute a significant positive aspect of the manuscript. The chest radiograph, thoracic CT images, bronchoscopic findings, immunohistochemical staining, and abdominal CT scan help readers visualize the disease process and strengthen the case presentation. The figures are relevant and directly support the clinical narrative.

The discussion appropriately emphasizes the importance of distinguishing metastatic renal lesions from primary renal tumors. This is a clinically important issue because management strategies differ substantially depending on the underlying diagnosis.

The manuscript also demonstrates engagement with relevant literature. The discussion incorporates epidemiological data, clinical presentation patterns, imaging characteristics, and therapeutic considerations derived from previous studies, thereby situating the current case within the broader clinical context.

Another commendable feature is the authors' emphasis on histological confirmation. The report correctly highlights that radiological findings alone may not reliably distinguish renal metastases from primary renal neoplasms, reinforcing the value of tissue diagnosis in such cases.

### **Areas for Improvement**

While the case presentation is informative, the manuscript would benefit from a more detailed clinical description. Additional information regarding the patient's smoking history beyond pack-

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years, comorbidities, laboratory findings, and oncological staging would provide a more complete clinical picture and improve the educational value of the report.

The pathological findings require further clarification. The manuscript reports positivity for GATA3, P63, P40, PAX8, and CD10 in the renal lesion. While positivity for p40 and p63 is consistent with squamous differentiation, the expression of PAX8 and CD10 is generally associated with renal epithelial tumors and may create diagnostic ambiguity. The authors should provide a more detailed explanation of the immunohistochemical interpretation and discuss how the differential diagnosis of primary renal squamous or urothelial neoplasms was excluded.

Similarly, the rationale for selecting the specific immunohistochemical panel could be explained more clearly. A brief discussion of the diagnostic significance of each marker would strengthen the pathology section and enhance reader understanding.

The discussion section could also benefit from a more detailed comparison with previously reported cases of renal metastasis from bronchial squamous cell carcinoma. At present, the literature review remains relatively brief and would be strengthened by highlighting similarities and differences between the current case and earlier reports.

The therapeutic discussion is somewhat limited. While the manuscript appropriately notes that palliative chemotherapy was initiated, readers would benefit from additional information regarding the treatment regimen selected, the rationale for this approach, and any available short-term clinical outcomes.

There are also minor inconsistencies in language and formatting throughout the manuscript. Several sentences would benefit from grammatical revision and stylistic refinement to improve clarity and readability. Examples include punctuation irregularities, spacing inconsistencies, and occasional awkward phrasing within the discussion section. Careful proofreading would enhance the overall presentation quality.

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The reference list is generally appropriate, but some references are cited through website links rather than complete standardized bibliographic entries. The authors should ensure full compliance with the journal's citation and referencing guidelines.

The conclusion adequately summarizes the key message of the report but could be strengthened by briefly highlighting the practical implications for clinicians evaluating renal masses in patients with known pulmonary malignancies.

**Final Recommendation**

**Accept with Minor Revisions**

This manuscript presents a rare and clinically relevant case of renal metastasis from bronchial squamous cell carcinoma. The report is well organized, supported by appropriate imaging and pathological findings, and conveys an important diagnostic message regarding the need for histological confirmation of renal lesions in oncological settings.

Although several aspects of the pathological interpretation, literature contextualization, and clinical discussion would benefit from further clarification, these issues are relatively minor and can be addressed through revision. The manuscript makes a useful contribution to the literature on uncommon metastatic presentations of lung cancer and should be considered for publication after minor revisions.