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REVIEWER'S REPORT

Manuscript No.: IJAR-57913

Title: Pleural and Cutaneous Manifestations of Seronegative Kaposi\'s Sarcoma in an Elderly Patient: A Diagnostic Challenge Resolved by Thoracoscopy,

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's ID: JPR-094

Detailed Reviewer's Report

Reviewer's Report

****Manuscript Title:** *Pleural and Cutaneous Manifestations of Seronegative Kaposi's Sarcoma in an Elderly Patient: A Diagnostic Challenge Resolved by Thoracoscopy***

Strengths

1. Presents a rare and clinically interesting case of pleural Kaposi's sarcoma in an HIV-negative elderly patient.
2. Demonstrates the diagnostic value of medical thoracoscopy when conventional investigations are inconclusive.

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3. Clinical presentation, radiological findings, and diagnostic workup are described in a logical sequence.

4. The case highlights an important differential diagnosis for exudative pleural effusion.

5. Educational value for pulmonologists, oncologists, thoracic surgeons, and pathologists.

Weaknesses

1. Histopathological confirmation lacks immunohistochemical evidence (HHV-8 LANA-1, CD31, CD34, D2-40), which is considered important for definitive diagnosis.

2. No histopathology images or microscopic figures are provided.

3. The discussion is largely descriptive and lacks comparison with previously reported HIV-negative pleural KS cases.

4. Follow-up information, treatment strategy, and patient outcome are absent.

5. Ethical approval and patient consent statements are missing.

6. Several grammatical and language issues require professional editing.

7. The manuscript repeatedly states thoracoscopy as the "gold standard" without sufficient supporting references.

8. Limited literature review reduces the scientific impact of the case report.

Key Points

1. Rare occurrence of pleural Kaposi's sarcoma in a seronegative patient.

2. Clinical presentation mimicked tuberculosis and pleural malignancy.

3. Conventional pleural biopsy and bronchoscopy failed to establish diagnosis.

4. Medical thoracoscopy enabled direct visualization and targeted biopsy.

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5. Histopathology confirmed classic Kaposi's sarcoma.

Significance

*** The manuscript contributes to awareness of atypical manifestations of classic Kaposi's sarcoma.**
*** It emphasizes the importance of detailed skin examination in unexplained pleural effusions.**
*** The report has educational and diagnostic significance, particularly in regions where tuberculosis is prevalent and may confound diagnosis.**
*** The rarity of pleural involvement in HIV-negative patients makes the case noteworthy, though the scientific impact is limited by insufficient pathological and follow-up data.**

Recommendation

****Major Revision****

Reasons for Major Revision

1. Add immunohistochemical confirmation (HHV-8, CD31, CD34, D2-40) or explain why it was unavailable.
2. Include histopathology and thoracoscopic images with proper legends.
3. Expand literature review and compare findings with previously published cases.
4. Provide treatment details, follow-up duration, and clinical outcome.
5. Add patient consent and ethical considerations.
6. Improve English language, grammar, and formatting.

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7. Strengthen discussion with evidence-based references supporting diagnostic conclusions.

****Final Recommendation:** **Major Revision Required Before Consideration for Publication.****

Detailed Justification for Major Revision **(Line-by-Line Issues)**

Line No.	Issue Identified	Reason for Major Revision
4–10	Background lacks epidemiological statistics on HIV-negative pleural KS	The rarity claim is not supported by incidence/prevalence data or recent literature.
11–24	Abstract presents diagnosis as definitive without mentioning immunohistochemistry	Histopathology alone may not be sufficient to confirm KS; HHV-8 immunostaining is considered diagnostic.
25–29	"Medical thoracoscopy remains the gold standard"	Strong claim requires supporting evidence and references.
30	Keywords are limited	Important indexing terms such as "HHV-8" and "Thoracoscopic biopsy" are absent.
33–55	Introduction lacks recent literature review	Only basic background is provided; no discussion of current evidence regarding seronegative pleural KS.
52–55	Claim of rarity without literature comparison	Authors should summarize previously reported similar cases and explain novelty.
58–65	Weight loss described as "substantial unquantified"	Quantification is required for clinical relevance.
66–69	Incomplete medical history	Comorbidities, occupational exposures, family history, and immunological evaluation need expansion.
77–80	Cutaneous lesions described but no dermatopathological confirmation provided	Skin biopsy findings are absent.
82–88	Laboratory investigations incomplete	ESR, LDH, liver function, renal function, HHV-8 testing not reported.
89–92	Dermoscopy findings presented	Diagnostic significance should be

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Line No.	Issue Identified	Reason for Major Revision
	without image quality assessment	supported by images and literature.
97–104	Radiological findings lack actual CT images	Figures are essential in a case report describing unusual pleural masses.
105	Diagnostic summary table formatting is poor	Table structure is incomplete and requires professional formatting.
106–114	Pleural fluid analysis incomplete	Protein level, LDH, glucose, pH and Light's criteria not reported.
115–118	Bronchoscopy findings inadequately described	Histology and rationale for biopsy sites are missing.
123–130	Thoracoscopic findings not illustrated	Thoracoscopic images would significantly strengthen diagnostic evidence.
131–135	Histopathology description incomplete	No immunohistochemical markers (HHV-8 LANA-1, CD31, CD34, D2-40) reported. This is a major scientific deficiency.
135	Diagnosis declared definitive	Definitive diagnosis of KS generally requires histopathology plus immunohistochemical confirmation.
138–149	Discussion largely repeats textbook knowledge	Limited critical analysis of the present case.
142–143	Statement "visceral involvement occurs in less than 10%" lacks citation	Numerical claims require references.
146–149	Association with agriculture is speculative	Causality cannot be inferred from a single case.
150–155	Pathogenesis discussion speculative	Elevated CRP cannot be linked directly to KS pathogenesis without evidence.
156–175	Discussion lacks comparison with previous case reports	Authors should compare clinical presentation, diagnosis, and outcomes with published cases.
169–175	Thoracoscopy emphasized but diagnostic yield not discussed	Literature on sensitivity and specificity should be cited.
177–186	Conclusion overstates findings from a single case	Generalizations should be tempered.
187–201	Reference list limited (6 references only)	Insufficient literature support for a rare disease report.
202–210	Figure legends included but	Figures are essential for publication of a

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Line No.	Issue Identified	Reason for Major Revision
	figures absent	diagnostic case report.
Entire manuscript	No patient consent statement	Mandatory requirement for case reports.
Entire manuscript	No ethics approval/declaration	Required according to most journal policies.
Entire manuscript	No treatment details provided	Reader cannot assess management approach.
Entire manuscript	No follow-up outcome reported	Clinical outcome is a key component of a case report.
Entire manuscript	Language and grammar require editing	Multiple stylistic issues, repetition, and overly descriptive wording reduce scientific clarity.

Why** Major Revision **Instead of Minor Revision?

Major scientific deficiencies:

Absence of immunohistochemical confirmation (HHV-8/CD31/CD34).

No treatment and follow-up data.

No pathology or thoracoscopy figures.

Insufficient literature review and comparison with previous cases.

Missing patient consent and ethical statements.

Incomplete diagnostic workup reporting.

These deficiencies affect the **scientific validity, reproducibility, and publishability** of the case report and therefore cannot be corrected through simple editorial changes.

Reviewer Recommendation

Decision: Major Revision

Overall Recommendation: Major Revision Required Before Acceptance.