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REVIEWER'S REPORT

Manuscript No.: IJAR- 59190

Title: Congenital Infiltrating Lipomatosis of the Cheek in an Adolescent: A Case Report and Literature Review.

Recommendation:
Accept after minor revision

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

Reviewer's ID: Bilqees Hamza

Detailed Reviewer's Repor

This manuscript presents a well-documented case report and targeted literature review detailing Congenital Infiltrating Lipomatosis of the Face (CILF) involving the left cheek in a 15-year-old adolescent boy. The patient presented with a slowly progressive, painless, soft-tissue swelling present since childhood, causing notable facial asymmetry and downward displacement of the left labial commissure. Diagnostic evaluation via Magnetic Resonance Imaging (MRI) confirmed diffuse fatty infiltration involving the buccal fat pad and extending into the masticator space without significant contrast enhancement.

The surgical team at Oued Eddahab Military Hospital in Agadir, Morocco, performed a planned conservative partial excision via a dual approach—combining an extended pretragal incision with a nasolabial fold incision. Histopathological analysis confirmed non-encapsulated mature adipocytes without cytological atypia or lipoblasts. The immediate postoperative course was free of complications, specifically preserving facial nerve motor function and Stensen's duct integrity.

2. Clinical Significance & Strengths

- **Diagnostic & Therapeutic Clarity:** CILF is a rare, histologically benign, but locally invasive entity within the *PIK3CA*-related overgrowth spectrum (PROS). The authors successfully highlight the classical dilemma of balancing aesthetic facial debulking against preserving critical structures, such as the facial nerve and parotid duct.

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- **Imaging Quality & Documentation:** The paper effectively integrates high-resolution MRI sequences demonstrating fat-suppression characteristics, which are vital for ruling out vascular or lymphatic malformations.
- **Adherence to Guidelines:** The case report strictly adheres to the CARE (CAse REport) guidelines, including a clear timeline table tracking the presentation, diagnostic workup, surgical intervention, and histopathological diagnosis.

3. Key Weaknesses & Areas Requiring Attention

- **Lack of Genetic & Molecular Testing:** The authors do not present molecular analysis for *PIK3CA* somatic mutations, which are key diagnostic markers in the modern classification of PROS. While acknowledged as a limitation, framing this gap in the context of diagnostic criteria is necessary.
- **Incomplete Osseous/Dental Evaluation:** The manuscript lacks a detailed 3D Computed Tomography (CT) evaluation or panoramic radiograph to systematically rule out underlying maxilla/mandible osseous hypertrophy or macrodontia, which frequently accompany CILF.
- **Short Follow-Up Horizon:** Long-term follow-up data is missing. Given CILF's notorious recurrence/regrowth rates during adolescent growth spurts, a brief immediate postoperative note without multi-year follow-up limits the prognostic completeness of the report.

Part 2: Suggested Improvements (~500 Words)

To elevate this manuscript to standard publication quality, the following revisions are recommended prior to resubmission:

1. Methodological & Diagnostic Enhancements

- **Elaborate on Molecular Context:** Expand the discussion on *PIK3CA* somatic mutations. Explain *why* tissue genetic testing was omitted (e.g., resource availability in a military hospital setting) and provide recommendations on when tissue-based next-generation sequencing (NGS) should be requested if recurrence occurs.
- **Supplement Hard-Tissue Diagnostics:** Clarify whether any dental radiographs (e.g., orthopantomogram) or CT scans were conducted to assess tooth root morphology, eruption patterns, or subclinical bony expansion on the affected side. If not performed, explicitly state this in the case presentation rather than only in the discussion limitations.

2. Discussion & Literature Integration

- **Differentiate PROS Spectrum:** Provide a brief comparative table or structured paragraph contrasting CILF against closely related PROS phenotypes (e.g., Proteus syndrome, CLOVES syndrome, hemifacial hyperplasia).

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- **Discuss Targeted Medical Therapies:** Deepen the discussion on emerging pharmacotherapy options, specifically low-dose Alpelisib (a targeted PI3Kα inhibitor), which is increasingly utilized as an adjunct to surgery for extensive or recurrent PROS lesions.

3. Textual & Presentation Polish

- **Standardize Figure Labels:** Ensure all figures and sub-panels are referenced sequentially in the text. Ensure caption labels in Figure 2 (A, B, C) match the exact terminology used in the text description.
- **Refine Clinical Descriptions:** Replace informal phrasing (e.g., *"since childhood"*) with more precise chronological estimations (e.g., *"first noticed by parents at approximately 3 years of age"*), if recorded in the patient history.

Recommendation & Decision

Decision: Accept Pending Minor Revisions