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REVIEWER'S REPORT

Manuscript No.: IJAR-50507 Date: 05-03-2025

Title: Signet ring cell carcinoma Breast: A rare subtype

Recommendation:
Accept as it is.....**YES.....**
Accept after minor revision.....
Accept after major revision .....
Do not accept (*Reasons below*) .....

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

Reviewer's Name: Dr Aamina

Reviewer's Decision about Paper: **Recommended for Publication.**

Comments (*Use additional pages, if required*)
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Reviewer's Comment / Report

The manuscript presents a well-documented case report on Signet Ring Cell Carcinoma (SRCC) of the breast, a rare and aggressive subtype of mucin-producing carcinoma. The study is relevant due to the rarity of this histological variant and its clinical implications.

Abstract:

The abstract provides a concise yet informative summary of the case, outlining the significance of breast carcinoma, its various subtypes, and the distinct nature of SRCC. The inclusion of epidemiological factors and the tumor's classification enhances the contextual background, and the case summary effectively highlights its rarity and prognosis.

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Introduction:

The introduction appropriately defines SRCC of the breast, establishing its classification within mucin-producing carcinomas and its aggressive nature. The distinction between SRCC associated with infiltrating lobular and ductal carcinomas versus its pure form is clearly outlined, emphasizing the significance of the reported case.

Case Presentation:

The case description is detailed and systematically presented, covering the patient's clinical history, examination findings, imaging results, histopathological evaluation, and immunohistochemistry profile. The structured approach ensures clarity, making it easy for readers to follow the diagnostic and pathological journey. The absence of lymph node involvement and lymphovascular invasion, despite the tumor's aggressive nature, is a noteworthy aspect of this case.

Histopathology & Immunohistochemistry:

The manuscript provides a comprehensive histopathological and immunohistochemical analysis, which is essential for the accurate diagnosis of SRCC. The ER, PR, and Her2neu negativity suggests a triple-negative breast carcinoma, reinforcing the aggressive nature of the tumor. The positivity for CK7, MUC1, and E-cadherin is well-documented, supporting the diagnosis of a primary breast carcinoma with signet ring cell features. The Ki67 index (~50%) further indicates a high proliferative activity, which is crucial for prognostication.

Conclusion:

The report contributes valuable insights into an uncommon breast cancer subtype. The documentation of this case adds to the existing literature, potentially aiding in better recognition, diagnosis, and management of SRCC of the breast. The manuscript is well-structured, with a logical flow from presentation to pathological findings and diagnostic confirmation.

Overall, this case report is a well-documented and clinically relevant contribution to the literature on rare breast carcinoma subtypes.