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REVIEWER'S REPORT

Manuscript No.: IJAR-51027 Date: 12-04-2025

Title: A rare case of cardiac metastasis from uterine leiomyosarcoma: A case report

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*)

Reviewer's Comment / Report

Title Evaluation: The title is concise and informative, clearly stating the rarity of the case (cardiac metastasis from uterine leiomyosarcoma). It effectively captures the unusual nature of the presentation and hints at the focus of the report. The term "rare case" is well-suited to the topic, drawing attention to the significance of this case report.

Abstract Evaluation: The abstract succinctly introduces the case of a 57-year-old woman diagnosed with uterine leiomyosarcoma (ULMS) who developed an intracardiac metastasis. The abstract follows a structured format, including essential elements such as patient demographics, treatment modalities, and key findings. The unexpected discovery of a right atrial thrombus extending into the inferior vena cava, later confirmed as metastatic, is clearly stated, alongside the clinical outcome. The report efficiently highlights the clinical progression, management, and the ultimate failure to achieve complete resection, leading to the patient's demise. The emphasis on the rarity of cardiac metastasis from ULMS makes the report compelling, and the conclusion reiterates the critical importance of considering cardiac metastasis in patients with uterine sarcomas. The abstract is concise and informative, providing a clear overview of the case.

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Introduction Evaluation: The introduction effectively sets the stage for the case by discussing the rarity of uterine sarcomas and their metastatic potential, particularly to the heart. The reference to the varying incidence of cardiac metastases (2.3% to 18.3%) adds context to the rarity of the condition. The mention of endocardial metastases occurring via bloodstream invasion is relevant and provides a biological explanation for how uterine sarcoma could potentially metastasize to the heart. Furthermore, the introduction clearly establishes the case at hand, focusing on the unusual development of cardiac metastasis following treatment for uterine leiomyosarcoma. This background sets a solid foundation for the case report, linking the clinical details to broader oncological discussions.

Case Report Evaluation: The case report provides a comprehensive account of the patient's clinical history, treatment course, and the eventual discovery of intracardiac metastasis. The patient's initial presentation of locally advanced uterine leiomyosarcoma with a FIGO stage IIIC1 is well-documented, along with the treatment regimen of chemotherapy, radiotherapy, and surgery. This detail helps contextualize the case, emphasizing the aggressive nature of the disease and the extent of the patient's treatment.

The **Radiological Findings** section offers clear details of the imaging results both pre- and post-treatment. The inclusion of specific findings, such as the large uterine tumor, thrombotic involvement of the left ovarian vein, and thrombosis of the left internal iliac vein, provides a comprehensive understanding of the patient's condition. Post-treatment imaging showing tumor regression but with residual sarcomatous pathology and fibrotic changes due to radiation is crucial for understanding the disease progression and complications.

The **Clinical Examination** section provides thorough details from different diagnostic exams (speculum, vaginal, and rectal), which offer additional insight into the patient's physical state following chemotherapy and radiotherapy. The palpable mass through the left fornix and slight infiltration of the left parametrium point to persistent disease, which likely contributed to the development of metastasis.

Overall, the case report is well-structured, presenting a clear and detailed account of the patient's clinical journey. The inclusion of imaging findings and clinical examinations complements the narrative, ensuring that the reader has a comprehensive understanding of the patient's progress.

Language and Style Evaluation: The language used throughout the manuscript is clinical, professional, and appropriate for an academic audience. The writing is clear and precise, allowing for a thorough understanding of the case. The use of medical terminology is consistent, and the explanations are easy to follow for those familiar with oncology and radiology. The report maintains a formal, structured tone, fitting for a case report intended for medical professionals.

Conclusion Evaluation: The conclusion, though implied throughout the case report, reinforces the key message of the rarity and clinical importance of recognizing cardiac metastasis from uterine leiomyosarcoma. The emphasis on the failure of complete resection and the eventual outcome of heart failure is critical for understanding the severity of the condition. The report concludes with an important

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reminder about the need to consider cardiac metastases in patients with uterine sarcomas, even in the absence of overt cardiovascular symptoms.

Overall Impression: This case report is well-executed, providing an insightful and thorough exploration of a rare occurrence of cardiac metastasis from uterine leiomyosarcoma. The inclusion of detailed radiological and clinical findings, along with a well-structured treatment narrative, offers valuable information for healthcare providers. The rarity of this case underscores its significance, and the detailed presentation helps to broaden the understanding of uterine sarcomas and their potential to metastasize to unusual sites like the heart. The manuscript is informative, well-researched, and contributes meaningfully to the medical literature on this rare and underreported phenomenon.