ISSN: 2320-5407
ISSN NO. 2320-5407
International Journal of Advanced Research
Publisher's Name: Jana Publication and Research LLP
www.journalijar.com

REVIEWER'S REPORT

Manuscript No.: IJAR-51704 Date: 20-05-2025

Title: Isolated Bone Involvement Revealing a T-cell Lymphoma: 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

Introduction:
The introduction provides a clear and concise overview of T-cell acute lymphoblastic leukemia (T-ALL), emphasizing its pathophysiology as a malignant proliferation of immature T-lineage hematopoietic cells. The mention of typical bone marrow and peripheral blood involvement alongside the possibility of extranodal manifestations, such as lymph node or bone involvement, sets an appropriate clinical context. The reference to the heterogeneity of lymphoproliferative malignancies in terms of histopathology, immunophenotype, and genotype effectively underscores the diagnostic challenges, particularly in pediatric patients.

The section also thoughtfully outlines the typical skeletal involvement patterns, noting the common affection of long bones' metaphyseal and diaphyseal regions, and situates the presented case within the broader framework of differential diagnoses related to pediatric T-cell lymphomas. The historical context about osteoarticular manifestations in pediatric ALL adds depth to the clinical relevance of the case.

Case Presentation:
The case description is detailed and informative, presenting the clinical background of a 9-year-old child with a complex history including septic arthritis and a relevant familial cancer history. The presentation of bilateral lower limb bone pain coupled with systemic signs such as general malaise and cachexia offers a vivid clinical picture.

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The clinical examination findings are clearly articulated, including vital stability and the absence of inflammatory signs despite significant polyarthralgia and localized bone pain and swelling. The inclusion of specific physical measurement data (heel-to-buttock and finger-to-floor distances) adds quantitative detail that may assist in clinical assessment and monitoring.

The report balances clinical detail with succinctness and effectively conveys the complexity and diagnostic challenges of isolated bone involvement in T-cell lymphoblastic malignancies.

Language and Clarity:
The manuscript is well-written, maintaining professional and precise medical terminology throughout. The narrative flows logically, facilitating understanding of both the clinical and diagnostic nuances.

Overall Assessment:
This case report effectively highlights a rare and diagnostically challenging presentation of pediatric T-cell lymphoma with isolated bone involvement. The introduction provides a solid theoretical foundation, while the clinical case is presented with adequate detail to underline the complexities faced in diagnosis. The report is relevant for clinicians and pathologists encountering unusual presentations of hematopoietic malignancies and contributes valuable clinical insight into pediatric oncology and musculoskeletal manifestations of lymphoid neoplasms.