

REVIEWER'S REPORT

Manuscript No.: IJAR-52285

Date: 18-06-2025

Title: SILICONE-REACTIONAL AXILLARY LYMPHADENOPATHY RESULTING FROM BREAST PROSTHESIS RUPTURE: A RARE 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*)
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Reviewer's Comment / Report

Title:

The title is precise and clearly indicates the clinical focus of the report. It appropriately highlights both the pathological finding (silicone-reactional lymphadenopathy) and the underlying cause (breast prosthesis rupture), emphasizing the rarity of the case.

Abstract and Manuscript Information:

The abstract succinctly presents the context, aim, methodology, case details, discussion, and conclusion of the report. It effectively captures the essence of the manuscript and communicates the unusual nature of the condition. The manuscript history section is formatted in a standard template, awaiting specific submission dates.

Introduction (Abstract and Full Text):

The introduction within both the abstract and full text provides a solid foundation for understanding the clinical relevance of the condition. It defines silicone lymphadenopathy and explains its mechanism, giving clarity to the pathophysiological basis. The reference to malignancy risk underlines the clinical importance of accurate diagnosis and biopsy.

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Methodology:

The methodology, being observational and retrospective, is appropriate for a case report. The ethical considerations are explicitly addressed, including informed consent and institutional ethics committee approval, ensuring adherence to research standards and patient confidentiality.

Case Presentation:

The case report is clearly structured and provides comprehensive clinical details. The patient history is concise, and the chronological progression from symptom detection to diagnosis is well presented. Imaging findings and histopathological results are described precisely, supporting the final diagnosis. The terminology used is clinically accurate and accessible to the target readership.

Discussion:

The discussion effectively situates the case within the context of existing medical literature. The pathogenesis involving macrophage-mediated transport and granulomatous reaction is described logically. The rarity of the condition is emphasized, along with its clinical implications, adding educational value to the report.

Conclusion:

The conclusion appropriately summarizes the key learning point: silicone lymphadenopathy is a rare but significant complication of breast implant rupture, necessitating differential diagnosis to exclude malignancy.

Ethical and Publishing Standards:

The manuscript includes appropriate acknowledgment of copyright and aligns with the conventions of case report publishing.

Overall Presentation:

The manuscript is well-organized, clinically relevant, and adheres to academic standards for a case report. It contributes to the medical literature by documenting an uncommon but important clinical finding, reinforcing the diagnostic pathway and implications for clinical practice.