

REVIEWER'S REPORT

Manuscript No.: IJAR-52341

Date: 18/06/2025

Title: Pulmonary Lymphangiomyomatosis: A Rare Cause of Cystic Lung Disease – A Case Report

Recommendation:

Accept as it is ☐☐☒☐☐.

Accept after minor revision ☐☐☐☐

Accept after major revision ☐☐☐☐☐

Do not accept (*Reasons below*) ☐☐☐

| Rating | Excel. | Good | Fair | Poor |
|----------------|--------|------|------|------|
| Originality | ✓ | | | |
| Techn. Quality | ✓ | | | |
| Clarity | | ✓ | | |
| Significance | ✓ | | | |

Reviewer Name: Sakshi Jaju

Date: 18/06/2025

Reviewer's Comment for Publication.

Abstract:

The abstract introduces lymphangiomyomatosis (LAM) as a rare, progressive cystic lung disease. It summarizes the case of a 66-year-old woman diagnosed based on characteristic CT findings and renal angiomyolipomas. It correctly mentions the diagnostic challenges and the relevance of non-invasive diagnostic criteria.

Introduction:

The introduction provides a comprehensive overview of LAM, its pathophysiology, typical patient demographics, and diagnostic challenges. It appropriately highlights that LAM can occasionally be diagnosed post-menopause.

Case Presentation:

A 66-year-old female presented with dyspnea and productive cough. CT revealed diffuse pulmonary cysts and renal angiomyolipomas. Pulmonary function tests confirmed obstructive defects reversible with bronchodilators. The diagnosis was made clinically and radiologically, without the need for invasive

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biopsy. Management included antibiotics and planned sirolimus therapy. This case presentation aligns well with current diagnostic criteria and supports the importance of multidisciplinary assessment.

Discussion:

The discussion is detailed, up-to-date, and informative, effectively linking the case with global data and recommendations.

Conclusion:

LAM can present in postmenopausal women. Diagnosis can be made based on clinical and radiologic findings. Early identification and treatment can delay disease progression. It offers a concise and relevant summary of the case's clinical significance.

References:

References are current and relevant. Minor formatting corrections are needed