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REVIEWER'S REPORT

Manuscript No.: 55135

Title: A DIAGNOSTIC DILEMMA OF JUVENILE OSSIFYING FIBROMA IN A PEDIATRIC PATIENT - A CASE REPORT

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

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

Reviewer Name: Dr. Sireesha Kuruganti Date: 10/12/2025

Detailed Reviewer'sReport

1) Summary & Overall Assessment

Manuscript: A Diagnostic Dilemma of Juvenile Ossifying Fibroma in a Pediatric Patient – A Case Report

Type: Case report (single pediatric mandibular JOF; trabecular subtype)

Overall: The case is clinically relevant and well-motivated. The manuscript documents a diagnostic pathway from initial misdiagnosis (bacterial sialadenitis) to definitive diagnosis of *juvenile trabecular ossifying fibroma (JTOF)* with histopathology and CBCT imaging. However, there are *major issues* that must be addressed before publication: (i) internal inconsistencies between planned treatment and conclusions, (ii) insufficient adherence to case-report guidelines (CARE/SCARE), (iii) limited detail in imaging and histopathology documentation, (iv) outdated/heterogeneous classification statements, and (v) editorial/formatting problems (figures, citations, grammar).

Recommendation: *Major revision*

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2) Major Comments (with line references)

A. Title, Abstract & Framing

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- *L1–3 (Title formatting):* Remove extra asterisks and bold markers; standardize to: A Diagnostic Dilemma: Juvenile Ossifying Fibroma of the Mandible in a 7-Year-Old – Case Report. Consider specifying "mandible" to enhance discoverability.

- *L4–19 (Abstract):*

- *Content vs. citations:* Abstract currently includes citation superscripts (e.g., 1,2,3). Most journals discourage references within abstracts. Please *remove citation markers* in the Abstract and bring all references to the main text.

- *Balance & outcomes:* The abstract notes *"planned wide surgical excision"* (L11–12) but the *Conclusion* later promotes *conservative treatment* (L166–167). This is *internally inconsistent*. Please clarify what was actually performed and the rationale, and if conservative management was chosen, explain how it contrasts with the earlier plan.

- *Key metrics:* Add succinct quantitative details (e.g., lesion dimensions from CBCT; ESR value; timeframe to diagnosis; follow-up duration if available). This improves clinical utility.

B. Case Presentation Completeness (CARE/SCARE compliance)

- *L46–74 (Case report & investigations):*

- Provide a *timeline* (symptom onset, antibiotic courses, referrals, imaging dates, biopsy date). CARE guidelines emphasize timelines for clarity.

- Document *informed consent* (guardian consent for pediatric case) and any *institutional/ethics approval* or waiver. This is essential for publication.

- *Antibiotics/initial management:* Specify agents/doses/durations given for presumed sialadenitis (L49–51). Note adverse effects and the decision point to pursue imaging/biopsy.

- *Laboratory data:* ESR is stated "elevated" (L73–74). Include the *actual value* and relevant differentials (CRP, WBC, cultures) to contextualize the prior *osteomyelitis* consideration (L69).

- *Follow-up:* The manuscript stops at "scheduled for wide surgical resection" (L85–86). A case report should ideally present *postoperative findings, **histology of resection, **complications, **recurrence surveillance, and **follow-up duration/outcomes* (≥6–12 months recommended for JOF due to recurrence risk).

C. Imaging Interpretation & Differential Diagnosis

- *L63–74; L126–133 (Radiographic features):*

- The CBCT shows *mixed radiolucent–radiopaque with ground-glass appearance* (L66–67). Ground-glass is classically associated with *fibrous dysplasia (FD)*; authors do correctly note OF/JOF can be well-demarcated with a radiopaque border distinguishing it from FD (L129–131). Strengthen this section by explicitly contrasting:

- *Borders*: JOF typically well-defined and may show a sclerotic rim; FD is ill-defined, blends with normal bone.

- *Growth pattern: JOF tends to be **concentric/circumscribed* (L131–132); FD often shows *expansile* remodeling without clear boundaries.

- *Dental effects*: Root displacement/resorption uncommon in JOF (L127–128) but can occur; note whether present/absent here (you state absent at L59–60).

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- Include *lesion measurements, **Hounsfield unit ranges* (if available), and *specific CBCT planes* with annotated arrows (body, angle, ramus; L70–72).

- The mention of *periosteal new bone formation* (L65) and *multiple small radiolucent areas* suggestive of *chronic osteomyelitis* (L69) should be reconciled by explaining why osteomyelitis was excluded (e.g., lack of sequestra, clinical signs, labs, biopsy findings).

D. Histopathology Depth & Documentation

- *L76–86 (Biopsy & H&E):*

- Histology is described as *fibrillary osteoid and woven bone in a cellular storiform stroma with "paint-brush" osteoid—consistent with **JTOF*. To strengthen:

- Add *magnification levels* (×4/×10/×40) and *scale bars* on micrographs (L88; Figure 7).

- Describe *osteoblastic rimming, **giant cells, **mitotic activity* (you mention some of these at Figure 7; please bring into text with quantified description).

- Consider reporting *Ki-67 labeling index* for proliferation, and *SATB2* (osteoblastic differentiation) where available. While *IHC is not mandatory*, a Ki-67 index may help discuss aggressiveness and recurrence risk in JOF.

- Clarify whether *psammomatous calcifications* were *absent* (supporting trabecular variant); you mention psammomatous calcifications as pathognomonic for PsJOF (L139–141) but do not state their presence/absence in this case explicitly.

E. Treatment Strategy & Internal Consistency

- *L85–86 (Planned wide resection)* vs. *L151–159; L166–167 (Conservative excision):*

There is a *conceptual conflict* between recommending *en bloc resection with margins* (L151–153) and concluding with *conservative treatment* to preserve tooth germs (L166–167). Please:

1. *State clearly* what was performed (curettage + peripheral ostectomy? Marginal resection? Segmental resection? Reconstruction?) and *why* (age, lesion extent, cortical status, proximity to tooth buds).

2. Provide *post-operative images* and *follow-up results* (clinical/radiographic at 6, 12 months).

3. Align the *Conclusion* with the *actual management* and the *literature* cited.

F. Literature, Classification & Citations

- *L92–101; L99–104; L143–159 (WHO classification & behavior):*

- You cite *WHO 2005* (L93–94). Please *update to WHO 2017 Head & Neck Tumors* classification (and subsequent updates), which more consistently delineate *ossifying fibroma* and its juvenile variants within fibro-osseous lesions of the craniofacial skeleton. Replace or complement 2005 references with 2017/2022 authoritative sources and clarify terminology (e.g., "juvenile ossifying fibroma" vs. older "juvenile aggressive ossifying fibroma").

- Support statements like *radiotherapy contraindication* (L153) and *risk of sarcomatous transformation on long-term recurrence* (L150) with *high-quality peer-reviewed citations. Where you currently cite conference/research-sharing links (e.g., L185–188; L233–234), please replace with **indexed journal articles*.

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- *Recurrence rates:* Provide a *range* with *citations* for JPOF vs JTOF recurrence (you note higher in JPOF at L104). Include *time-to-recurrence* data from robust reviews to contextualize your follow-up recommendations.

G. Figures, Captions & Technical Quality

- *L61–74; L75 onward (Figures 1–7):*

- *Numbering is inconsistent* (Figures 1–5 appear out of order; "Figure 4" and "Figure 5" captions are embedded around L73 but the images are not clearly placed). Please *renumber sequentially* and ensure each figure is *called out in the text* in order.

- Replace placeholder/HTML "javascript:void(0)" text (L62; L73) with proper *figure captions*.

- Add *scale bars, **magnification, **plane identifiers* (axial/coronal), *windowing, and **arrows/labels* indicating key features (cortical expansion, ground-glass areas, radiolucent foci).

- Improve *image resolution* and remove redundant views; ensure patient identifiers are masked.

H. Language, Style & Formatting

- Multiple spacing/typos: e.g., *"makeslong"* (L7), *"evaluationand"* (L16), *"hemimandible"* use is acceptable but consider "left hemimandible" standardized phrasing (L53–54), *"BIBILOGRAPHY"* (L171) → "Bibliography" or "References".

- Standardize terms: *"trabecular juvenile ossifying fibroma (JTOF)"* vs *"juvenile trabecular ossifying fibroma (JTOF)"*—pick one and use consistently.

- Ensure *abbreviation expansion* at first use (IOPAR, OPG, CBCT, ESR).

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3) Minor Comments (line-specific)

- *L20–21 (Keywords):* Add *"mandible," "CBCT," "fibro-osseous lesion," "pediatric."* Separate with semicolons and correct spacing: "juvenile ossifying fibroma; juvenile trabecular ossifying fibroma; juvenile psammomatoid ossifying fibroma".

- *L35–38:* When stating *site predilection* (JPOF orbit/sinuses; JTOF jaws), add a supporting *recent systematic review* reference and clarify that both can occur in jaws and sinonasal regions.

- *L47–51:* Clarify *referral pathway* (pediatrics → pedodontics) and *reason* for re-evaluation.

- *L55–60:* Intraoral findings: Consider adding *periodontal status, **pulp vitality, and **percussion/sensibility tests*—even if normal, this strengthens the dental context.

- *L63–67:* Report *lesion size* (anteroposterior × buccolingual × superoinferior), and *effects on inferior alveolar canal, **mental foramen, **condyle/coronoid* (you mention involvement; quantify).

- *L76–79:* Biopsy: Add *instrument sizes, **biopsy site, **complications, and **post-biopsy care*.

- *L133–141:* Distinguishing features: Consider a *table* summarizing *JPOF vs JTOF* (age, site, histology, recurrence).

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- *L143–159:* Treatment paragraph: Clearly *stratify* options by *lesion extent* (small, well-circumscribed → curettage + peripheral ostectomy; large with cortical perforation → marginal resection; very extensive or recurrent → segmental resection + reconstruction).

- *L161–168 (Conclusion):* Align with the *actual case management* and *follow-up*; avoid general statements that conflict with earlier content.

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4) Ethical & Reporting Considerations

- Include a statement on *patient/guardian informed consent* for publication of case details and images.

- If applicable, add *IRB/ethics committee approval* or a *statement of exemption*.

- Consider following the *CARE* (Consensus-based Clinical Case Reporting) checklist for completeness (timeline, diagnostic challenges, patient perspective, interventions, outcomes, and follow-up).

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5) Suggested Structural Edits

1. *Abstract:* Remove citations, add outcomes/measurements, reconcile treatment message.

2. *Introduction:* Update WHO classification; tighten epidemiology with recent data; clearly define JTOF vs JPOF.

3. *Case Description:* Expand timeline, labs, imaging metrics; biopsy details; postoperative and follow-up outcomes.

4. *Imaging Section:* Provide annotated CBCT figures with measurements; articulate differential with FD and osteomyelitis.

5. *Histopathology:* Enhance figure quality; add magnification/scale; consider Ki-67 if available.

6. *Discussion:* Resolve treatment philosophy vs. case reality; use contemporary literature; present recurrence data and follow-up recommendations grounded in evidence.

7. *Conclusion:* Make case-specific, evidence-aligned, and concise.

8. *References:* Correct "Bibliography," ensure consistency (journal names, DOI/PMID where possible), and replace web portals (ResearchGate/JPMI site links) with *peer-reviewed, indexed sources*.

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6) Example Edits (Text Snippets)

> *Abstract (revised concept):*

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> Juvenile ossifying fibroma (JOF) is a rare, benign but locally aggressive fibro-osseous tumor of childhood with a high recurrence rate. We report a 7-year-old girl with a 5-month history of progressive swelling of the left mandible. CBCT demonstrated a well-defined mixed radiolucent–radiopaque lesion with cortical expansion, and incisional biopsy confirmed the trabecular variant of JOF. The patient underwent [insert actual management], with [insert outcomes] at [insert follow-up duration]. Early recognition, precise histopathology, and tailored surgery with long-term surveillance are essential to minimize recurrence in pediatric patients.

> (No references in abstract.)

> *Discussion (differential clarity):*

> Although the CBCT showed areas of "ground-glass" attenuation, the lesion's well-defined borders and sclerotic rim favored JOF over fibrous dysplasia. The absence of sequestra and systemic inflammatory markers, combined with histology, excluded chronic osteomyelitis.

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7) Editorial Corrections (Selected)

- Correct typos: *"makeslong"* → "makes long" (L7); *"evaluationand"* → "evaluation and" (L16); *"BIBILOGRAPHY"* → "Bibliography" (L171).
- Standardize abbreviations at first mention: *IOPAR, **OPG, **CBCT, **ESR*.
- Ensure *figure sequence and captions* are consistent and free of HTML placeholders (L62, L73).

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8) Final Recommendation

Minor revision required. The case is worthy of publication, but the manuscript must present *coherent management and updated classification.