

Review Form 1.6

Journal Name:	Asian Journal of Advanced Research and Reports
Manuscript Number:	Ms_AJARR_84246
Title of the Manuscript:	Benign atrophic papulosis as a paraneoplastic clinical marker
Type of the Article	

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	<p>Some observations might be added shortly in the DISCUSSION part: - Some authors have suggested that Degos' disease is not a discrete nosologic disorder, rather a final clinical and histologic end point of several diverse vascular systemic disorders (see the following references: 1) Degos R, Delort J, Tricot R. Dermatite papulosquameuse atrophiante. Bulletin la Société française dermatologie de syphiligraphie de ses filiales 1942;49:148-150. 2) Ball E, Newburger A, Ackerman AB. Degos' disease: a distinctive pattern of disease, chiefly of lupus erythematosus, and not a specific disease per se. Am J Dermatopathol 2003;25:308-320. 3) High WA, Aranda J, Patel SB, Cockerell CJ, Costner MI. Is Degos' disease a clinical and histological end point rather than a specific disease? J Am Acad Dermatol 2004;50:895-899). - Only approximately 200 cases of Degos disease have been reported in the medical literature. Nevertheless, even if the disease is extremely rare, we cannot exclude completely that in the present case report the Degos' disease preceding the malignant lung tumor has occurred accidentally (i.e., no relationship between Degos' disease and the lung tumor). - The idea to consider Degos' disease as a skin disorder that might be associated with paraneoplastic syndromes is not completely new, even if so far only the malignant variant of Degos' disease has been taken in consideration with paraneoplastic disorders (see the following reference: Abreu Velez AZ, Howard MS. Diagnosis and treatment of cutaneous paraneoplastic disorders. Dermatologic Therapy 2010;23:662-675). We should not forget that someone with the benign form of Degos' disease might suddenly develop symptoms of the malignant form (see the following reference: Theodoridis A, Makrantonaki E, Zouboulis CC. Malignant atrophic papulosis (Köhlmeier- Degos disease) – A review. Orphanet J Rare Dis 2013;14:8-10). Usually individuals with the benign form have the typical papules from few years to throughout their whole lives. Nevertheless, someone might develop the malignant form suddenly, which means that the inner organs will be get involved. Systemic manifestations can occur years after the occurrence of skins lesions leading to manifestations such as bowel perforation and peritonitis. For this reason, it is very important to guarantee individuals with the benign form of Degos' disease a consistent follow-up evaluation. Considering these observations, some questions are raising: 1) Has the patient done periodic follow-up before diagnosing the squamous cell carcinoma of the lung? 2) Has the patient ever performed brain MRI, colonoscopy, abdominal ultrasound, etc. in order to exclude a malignant variant of Degos' disease, even if these evaluations are usually only done when individuals have developed symptoms indicating the involvement of inner organs? 3) Is some kind of follow-up planned for the present patient as the patient could still develop a malignant Degos' disease? → Summarized, the fact that the patient needs a regular follow-up should be mentioned in the manuscript, as he is still in time to develop a malignant variant of Degos' disease, which is known to be possibly associated with paraneoplastic syndromes (see above). In the CONCLUSION it is said, that “consecutive thorough work-up in all patients with atrophic papulosis” is important. Thus, somehow the need of a follow-up has been mentioned. However, some additional information would be interesting (see questions).</p>	<p>Thank you for these extremely reasonable comments. The paraneoplastic screening done 6 months prior our hospitalization ruled out systemic involvement. The patient is routinely monitored under the pulmonary cancer protocol – every 6 weeks an abdominal ultrasound and pulmonary computer tomography is performed. No signs of systemic symptoms in the context of malignant Degos' disease were evident.</p>
Minor REVISION comments	<p>Regarding the TITLE, the scientific term of atrophic papulosis, namely Degos disease, might be mentioned (for example: “Benign variant of Degos' disease as a</p>	

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	paraneoplastic clinical marker”). Regarding the KEYWORDS, the word “paraneoplastic” might be added.	
<u>Optional/General</u> comments	The manuscript talks about a case report where a 67-year-old male patient presented a benign atrophic papulosis preceding for some years the development of a pulmonar squamous cell carcinoma. The authors conclude that in the present case report the benign form of Degos’ disease represents a kind a of cutaneous paraneoplastic disorder, whereby the skin abnormalities could have might presented an early marker for the detection of the malignant lung tumor. This observation is very interesting, because to date the benign variant of Degos’ disease has never been associated with neoplastic conditions.	

PART 2:

	Reviewer’s comment	Author’s comment <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	