

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 78891

**Title:** Sun-burn induced upper limb lymphedema 11 years following breast cancer surgery: A case report

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05388269

**Position:** Peer Reviewer

**Academic degree:** MD, RN

**Professional title:** Assistant Professor, Attending Doctor, Doctor, Nurse, Research Assistant, Staff Physician, Statistician, Surgeon

**Reviewer's Country/Territory:** Philippines

**Author's Country/Territory:** China

**Manuscript submission date:** 2022-07-20

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-07-22 06:36

**Reviewer performed review:** 2022-07-22 07:14

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection

<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

To authors: 1. Also include in your introduction evidence relating severe solar dermatitis to lymphedema. (not just on breast cancer treatment) 2. Case report: Good to mention: How was the patient followed-up after breast cancer therapy? (Annually? And what breast cancer surveillance methods were used before the onset of outfield work and their respective results) - What was the patients upper arm circumference before the incident? 3. Use axilla instead of armpit 4. During the outfield work, what was the patients body cover? Was the right arm exposed to the sun or both? For clarity of case 5. "Chest wall burning pain starting on the 7th day and came to seek help on the 9th day. When she was admitted on the 9th September 2021, she had erythema and desquamation - Where was the site of erythema and desquamation? Specify 6. Please consolidate reference in text at end of sentence (not put in between unless referring to Author .. eg. [13, 14]. 7. DISCUSSION: 8. FOCUS or add to discussion: Guidelines on how to screen for lymphedema after breast cancer surgery. How lymphedema is diagnosed other than size difference. What are the risk factors of developing lymphedema? Literature citing relation between extreme temperatures/ infection to developing lymphedema. 9. What specific instructions relating to your case should be given to patients after breast cancer surgery. 10. At present, what are the available therapies (medical and surgical) for lymphedema. 11. And the long-term consequence of lymphedema? (The reason why screening and monitoring is important; other than QOL, function). - Minor English/grammar revision needed (eg Patient instead of patients as or when referring to your case)

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**Reviewer's code:** 02510166

**Position:** Peer Reviewer

**Academic degree:** MD, MSc, PhD

**Professional title:** Lecturer

**Reviewer's Country/Territory:** Martinique

**Author's Country/Territory:** China

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
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## SPECIFIC COMMENTS TO AUTHORS

1) Case presentation: Evaluation of arm lymphedema? The case is missing details that should be part of the evaluation of arm lymphedema. Patient right or left-handed? How many hours did the patient worked? Was it acute exacerbation, pre-existing chronic lymphedema or not? --- 2) Differential diagnosis? The paper assigns the lymphedema to sunburn. However, there is lack of differential diagnosis process to establish sunburn as a causal factor. Much of the case description suggests cellulitis, for which penicillin was appropriately given, cf for example Boettler et al (Cellulitis: A Review of Current Practice Guidelines and Differentiation from Pseudocellulitis. Am J Clin Dermatol. 2022 Mar;23(2):153-165). --- Did the patient do the same work in other months and in the previous years? Did the other arm was also affected by sunburn? It would be unusual that there is a "sunburn" on one arm, but not in the other arm. --- 3) Discuss the lymphedema risk factors. Consider structuring the discussion to review whether or not the patient was at low or high risk of lymphedema - see for example Soran et al (Estimating the Probability of Lymphedema After Breast Cancer Surgery. Am J Clin Oncol 2011;34:506-510)- which lists treatment-, disease-, and patient-related factors.), including infection as a major risk factor.