

Review Form 1.7

Journal Name:	International Journal of Research and Reports in Hematology
Manuscript Number:	Ms_IJR2H_105209
Title of the Manuscript:	Ano rectal Plasmablastic Lymphoma - A case report
Type of the Article	Case study

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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)
<p>Compulsory REVISION comments</p> <ol style="list-style-type: none"> Is the manuscript important for scientific community? (Please write few sentences on this manuscript) Is the title of the article suitable? (If not please suggest an alternative title) Is the abstract of the article comprehensive? Are subsections and structure of the manuscript appropriate? Do you think the manuscript is scientifically correct? Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form. <p><u>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</u></p>	<p>Perianal lesions are common in HIV-positive individuals. Plasmablastic lymphoma is an aggressive HIV-related lymphoma that most frequently occurs in the oral cavity. Rarely can these lymphomas present in the perianal region.</p> <p>HIV-related perianal disease is common, even in the antiretroviral therapy era. Plasmablastic lymphoma is a rare, aggressive tumor that infrequently presents outside the oral cavity. This case report emphasizes the importance of maintaining a broad differential diagnosis and obtaining a biopsy when presented with a suspicious perianal mass in a patient with HIV.</p> <p>Excisional biopsy is the gold standard for the diagnosis of plasmablastic lymphoma. Unfortunately, this is not always feasible, depending on the location of the mass. Core biopsies are sufficient, along with immunohistochemistry, to narrow the differential diagnosis.</p> <p>Morphologically, plasmablastic lymphoma is characterized by immature cells with abundant eosinophilic cytoplasm organized in a diffuse 'starry-sky' pattern typical of high-grade B cell lymphomas. Mitotic figures, apoptotic bodies, and tingible body macrophages are abundant. Immunostaining typically reveals positivity for CD38, CD138, and MUM1 and negativity for CD20 and CD45. The ki-67 index is usually greater than 80%, and most cells are infected with Epstein-Barr virus.</p> <p>While treatment of plasmablastic lymphoma typically involves combination chemotherapy, a lack of prospective studies means that treatment is not standardized. Combination therapy with cyclophosphamide, doxorubicin, vincristine, and prednisone (CHOP) is commonly used in the treatment of NHL. However, recent National Comprehensive Cancer Network (NCCN) guidelines suggest CHOP is inadequate for treating plasmablastic lymphoma.</p> <p>NCCN guidelines currently recommend infusional dose-adjusted EPOCH therapy (etoposide, prednisone, vincristine, cyclophosphamide, and doxorubicin). In recent years, studies have suggested the benefit of adding bortezomib to the EPOCH regimen (known as V-EPOCH).</p> <p>Authors do not provide information about the clinical and laboratory status of the HIV patient prior to presentation and if he was on highly active antiretroviral therapy (HAART). CLINICAL, IMAGING AND HISTOPATHOLOGICAL ILLUSTRATIONS ARE MISSING. The histological findings are not described. Only immunohistochemical findings are described. Authors do not mention if CD138, MUM-1, PAX-5, and Epstein-Barr encoding region (EBER) in situ hybridization were employed. REFERENCES ARE NOT CORRECTLY NUMBERED INCOMPLETE IN STYLE AND SHOULD BE ENRICHED.</p> <p>Cyprich J ; Noren ER ; Date J , Brynes RK , Ortega AE ; Koller SE. Rare Case of Anal Plasmablastic Lymphoma in a Patient with HIV. ACS Case Reviews in Surgery. 2022;3(8):69-73.</p>	
<p>Minor REVISION comments</p> <ol style="list-style-type: none"> Is language/English quality of the article suitable for scholarly communications? 	<p>Language is appropriate</p>	
<p>Optional/General comments</p>	<p>Authors do not provide information about the clinical and laboratory status of the HIV patient prior to presentation and if he was on highly active antiretroviral therapy (HAART). CLINICAL, IMAGING AND HISTOPATHOLOGICAL ILLUSTRATIONS ARE MISSING. The histological findings are not described. Only immunohistochemical findings are described. Authors do not mention if CD138, MUM-1, PAX-5, and Epstein-Barr encoding region (EBER) in situ hybridization were employed. REFERENCES ARE NOT CORRECTLY NUMBERED INCOMPLETE IN STYLE AND SHOULD BE ENRICHED: Cyprich J, Noren ER, Date J, Brynes RK, Ortega AE, Koller SE. Rare Case of Anal Plasmablastic Lymphoma in a Patient with HIV. ACS Case Reviews in Surgery. 2022;3(8):69-73</p>	

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PART 2:

	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)
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

Reviewer Details:

Name:	Kalogeraki Alexandra
Department, University & Country	University of Crete, Greece