

# OBSTETRICS & GYNECOLOGY



**NOTICE:** This document contains comments from the reviewers and editors generated during peer review of the initial manuscript submission and sent to the author via email.

Questions about these materials may be directed to the *Obstetrics & Gynecology* editorial office:  
[obgyn@greenjournal.org](mailto:obgyn@greenjournal.org).

**Date:** Jun 11, 2021  
**To:** "Stephanie Chow" [REDACTED]  
**From:** "The Green Journal" em@greenjournal.org  
**Subject:** Your Submission ONG-21-1002

RE: Manuscript Number ONG-21-1002

### A Unique Vulvar Mass in a 16-Year-Old Adolescent: A Case Report with a Surprising Finding

Dear Dr. Chow:

Your manuscript has been reviewed by the Editorial Board and by special expert referees. Although it is judged not acceptable for publication in Obstetrics & Gynecology in its present form, we would be willing to give further consideration to a revised version.

If you wish to consider revising your manuscript, you will first need to study carefully the enclosed reports submitted by the referees and editors. Each point raised requires a response, by either revising your manuscript or making a clear and convincing argument as to why no revision is needed. To facilitate our review, we prefer that the cover letter include the comments made by the reviewers and the editor followed by your response. The revised manuscript should indicate the position of all changes made. We suggest that you use the "track changes" feature in your word processing software to do so (rather than strikethrough or underline formatting).

Your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Jul 02, 2021, we will assume you wish to withdraw the manuscript from further consideration.

#### REVIEWER COMMENTS:

Reviewer #1:

The manuscript by Chow et al provides an unusual presentation of ectopic mammary tissue in an adolescent patient and offers salient learning points from this case. They include a helpful reference table with a differential diagnosis of vulvar masses in adolescents and emphasize the need to create comfortable, confidential spaces for adolescents to disclose intimate concerns. Some copy editing will be needed to improve clarity and careful reorganization of the case presentation itself will better elucidate some of the clinical decision-making involved. Consider the following comments:

1. Regarding copy editing, one example of awkward language that is distracting to read would be "massive vulvar mass" (line 74)
2. Table 1 (line 77) is fabulous. Perhaps ectopic mammary tissue/polymastia should be included on this comprehensive list as this is one of the aspects that the case is highlighting.
3. The case refers to a mass since age 12 (line 82, 192) - the discussion section assumes she did not disclose only because she was embarrassed and/or not provided adequate confidential space. One question many readers will have is whether she was being followed routinely by a pediatrician, who may have picked up on this examination finding as part of well-child visit. If this information is known, or if she is not established with a pediatric PCP, this social determinant of health is undoubtedly another contributor.
4. Prior to management with biopsy and antibiotics (lines 108-112), it would be helpful to offer a leading differential diagnoses that the PAG provider had.
5. Regarding biopsy (lines 111-112) and imaging (line 123), perhaps offer rationale on what drove this management (see above comment)
6. Regarding copy editing, consider clarification of units (with cm and mm being used interchangeably for lymph node sizing) (lines 127-128)
7. After interdisciplinary surgical management was determined to be necessary (lines 135-136), perhaps more information on why radical partial vulvectomy was determined to be the preferred approach. Had the differential changed to be more concerning for malignancy at that point? What of her lymph nodes?
8. Following hospital discharge (lines 146-147), there is no follow-up of the patient described.
9. Discussion section on polymastia is comprehensive, and may be able to be more succinct (lines 163-178)
10. Regarding delay to care (lines 191-199), see previous comment on other determinants for why an adolescent may not initially seek care. Also, it is not fully persuasive from the preceding case presentation that the sole reason for non-disclosure was lack of perceived provider-patient confidentiality.
11. Excellent photos

Reviewer #2:

Comments to the author:

The authors present an interesting case report of a vulvar mass in a 16-year-old girl consistent with polymastia. The teaching points were concise and clinically relevant.

Introduction:

The breakdown of the differential in the chart is helpful. I would recommend adding more about the anatomy, inguinal canal and the male equivalent of the scrotum.

Case

Line 123 Why was an MRI done?

The pictures are clear. Are there before and after pictures? Expanding upon the surgical approach with either pictures or video clip would be interesting to most readers.

Line 114 Explain the association of the desmin receptors and CD34 with fibroma and angiomyxoma.

Line 139-146 Were there any other clinical findings of polymastia along the abdominal wall including supernumerary nipples?

Discussion:

Line 190 Was there a specific literature review with search terms used to claim primacy for this case report?

#### EDITORIAL OFFICE COMMENTS:

1. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:

- A. OPT-IN: Yes, please publish my point-by-point response letter.
- B. OPT-OUT: No, please do not publish my point-by-point response letter.

2. Obstetrics & Gynecology uses an "electronic Copyright Transfer Agreement" (eCTA). Please check with your coauthors to confirm that the disclosures listed in their eCTA forms are correctly disclosed on the manuscript's title page. Each of your coauthors received an email from the system, titled "Please verify your authorship for a submission to Obstetrics & Gynecology." Each author should complete the eCTA if they have not yet done so.

3. Figure 1: Please upload to Editorial Manager as a figure file without A-C labels. These will be added back per journal style.

Figures 2-3: Please update the order of these figures so they mirror the order in which they first appear. Please upload to Editorial Manager as a figure file without A-B labels. These will be added back per journal style.

Figure 4: Please upload to Editorial Manager as a figure file.

Figure 5: Please upload to Editorial Manager as a figure file without A-B labels. These will be added back per journal style.

Figure 6: Please provide a letter of permission for print and online use from the artist. Please upload to Editorial Manager as a figure file.

Figure 7: Please upload to Editorial Manager as a figure file without AC labels. These will be added back per journal style.

For all figures: Please confirm that written consent has been obtained from the patient(s) pictured.

Tables, figures, and supplemental digital content should be original. The use of borrowed material (eg, lengthy direct quotations, tables, figures, or videos) is discouraged. If the material is essential, written permission of the copyright holder must be obtained.

Both print and electronic (online) rights must be obtained from the holder of the copyright (often the publisher, not the author), and credit to the original source must be included in your manuscript. Many publishers now have online systems for submitting permissions request; please consult the publisher directly for more information. Permission is also required for material that has been adapted or modified from another source. Increasingly, publishers will not grant permission for modification of their material. Creative Commons licenses and open access have also made obtaining permissions more challenging. In order to avoid publication delays, we strongly encourage authors to link or reference to the material they want to highlight instead of trying to get permission to reprint it. For example, "see Table 1 in Smith et al" (and insert reference number). For articles that the journal invites, such as the Clinical Expert Series, the journal staff does not seek permission for modifications of material — the material will be reprinted in its original form.

When you submit your revised manuscript, please upload 1) the permissions license and 2) a copy of the original source from which the material was reprinted, adapted, or modified (eg, scan of book page(s), PDF of journal article, etc.).

If the figure or table you want to reprint can be easily found on the internet from a reputable source, we recommend providing a link to the source in your text instead of trying to reprint it in your manuscript.

4. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology has adopted the use of the reVITALize definitions. Please access the obstetric data definitions at <https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-obstetrics-data-definitions> and the gynecology data definitions at <https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-gynecology-data-definitions>. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

5. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Case Reports should not exceed 2,000 words. Stated word limits include the title page, précis, abstract, text, tables, boxes, and figure legends, but exclude references.

6. Specific rules govern the use of acknowledgments in the journal. Please note the following guidelines:

\* All financial support of the study must be acknowledged.

\* Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.

\* All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your response in the journal's electronic author form verifies that permission has been obtained from all named persons.

\* If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).

\* If your manuscript was uploaded to a preprint server prior to submitting your manuscript to Obstetrics & Gynecology, add the following statement to your title page: "Before submission to Obstetrics & Gynecology, this article was posted to a preprint server at: [URL]."

7. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully.

In addition, the abstract length should follow journal guidelines. The word limit for Case Reports is 125 words. Please provide a word count.

8. Only standard abbreviations and acronyms are allowed. A selected list is available online at <http://edmgr.ovid.com/ong/accounts/abbreviations.pdf>. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

9. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

10. Your manuscript contains a priority claim. We discourage claims of first reports since they are often difficult to prove. How do you know this is the first report? If this is based on a systematic search of the literature, that search should be described in the text (search engine, search terms, date range of search, and languages encompassed by the search). If it is not based on a systematic search but only on your level of awareness, it is not a claim we permit.

11. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available online here: [http://edmgr.ovid.com/ong/accounts/table\\_checklist.pdf](http://edmgr.ovid.com/ong/accounts/table_checklist.pdf).

12. Please review examples of our current reference style at <http://ong.editorialmanager.com> (click on the Home button in the Menu bar and then "Reference Formatting Instructions" document under "Files and Resources"). Include the digital object identifier (DOI) with any journal article references and an accessed date with website references. Unpublished data, in-press items, personal communications, letters to the editor, theses, package inserts, submissions, meeting presentations, and abstracts may be included in the text but not in the reference list.

In addition, the American College of Obstetricians and Gynecologists' (ACOG) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite ACOG documents in your manuscript, be sure the reference you are citing is still current and available. If the reference you are citing has been updated (ie, replaced by a newer version), please ensure that the new version supports whatever statement you are making in your manuscript and then update your reference list accordingly (exceptions could include manuscripts that address items of historical interest). If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance ([obgyn@greenjournal.org](mailto:obgyn@greenjournal.org)). In most cases, if an ACOG document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All ACOG documents (eg, Committee Opinions and Practice Bulletins) may be found at the Clinical Guidance page at <https://www.acog.org/clinical> (click on "Clinical Guidance" at the top).

13. Figure 1: Please upload to Editorial Manager as a figure file without A-C labels. These will be added back per journal style.

Figures 2-3: Please update the order of these figures so they mirror the order in which they first appear. Please upload to Editorial Manager as a figure file without A-B labels. These will be added back per journal style.

Figure 4: Please upload to Editorial Manager as a figure file.

Figure 5: Please upload to Editorial Manager as a figure file without A-B labels. These will be added back per journal style.

Figure 6: Please provide a letter of permission for print and online use from the artist. Please upload to Editorial Manager as a figure file.

Figure 7: Please upload to Editorial Manager as a figure file without AC labels. These will be added back per journal style.

For all figures: Please confirm that written consent has been obtained from the patient(s) pictured.

When you submit your revision, art saved in a digital format should accompany it. If your figure was created in Microsoft Word, Microsoft Excel, or Microsoft PowerPoint formats, please submit your original source file. Image files should not be copied and pasted into Microsoft Word or Microsoft PowerPoint.

When you submit your revision, art saved in a digital format should accompany it. Please upload each figure as a separate file to Editorial Manager (do not embed the figure in your manuscript file).

If the figures were created using a statistical program (eg, STATA, SPSS, SAS), please submit PDF or EPS files generated directly from the statistical program.

Figures should be saved as high-resolution TIFF files. The minimum requirements for resolution are 300 dpi for color or black and white photographs, and 600 dpi for images containing a photograph with text labeling or thin lines.

Art that is low resolution, digitized, adapted from slides, or downloaded from the Internet may not reproduce.

14. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at <http://links.lww.com/LWW-ES/A48>. The cost for publishing an article as open access can be found at <https://wkauthorservices.edmgr.com/open-access/hybrid.html>.

Please note that if your article is accepted, you will receive an email from the editorial office asking you to choose a publication route (traditional or open access). Please keep an eye out for that future email and be sure to respond to it promptly.

You will be receiving an Open Access Publication Charge letter from the Journal's Publisher, Wolters Kluwer, and instructions on how to submit any open access charges. The email will be from publicationservices@copyright.com with the subject line 'Please Submit Your Open Access Article Publication Charge(s)'. Please complete payment of the Open Access charges within 48 hours of receipt.

\*\*\*

If you choose to revise your manuscript, please submit your revision through Editorial Manager at <http://ong.editorialmanager.com>. Your manuscript should be uploaded in a word processing format such as Microsoft Word. Your revision's cover letter should include the following:

\* A confirmation that you have read the Instructions for Authors (<http://edmgr.ovid.com/ong/accounts/authors.pdf>), and

\* A point-by-point response to each of the received comments in this letter. Do not omit your responses to the Editorial Office or Editors' comments.

If you submit a revision, we will assume that it has been developed in consultation with your co-authors and that each author has given approval to the final form of the revision.

Again, your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Jul 02, 2021, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

John O. Schorge, MD  
Associate Editor, Gynecology

2019 IMPACT FACTOR: 5.524

2019 IMPACT FACTOR RANKING: 6th out of 82 ob/gyn journals

---

In compliance with data protection regulations, you may request that we remove your personal registration details at any

time. (Use the following URL: <https://www.editorialmanager.com/ong/login.asp?a=r>). Please contact the publication office if you have any questions.