

OBSTETRICS & GYNECOLOGY



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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:

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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.

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- * 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.

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John O. Schorge, MD
Associate Editor, Gynecology

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