Title: Case Report: Giant Perineal Keloids.

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Author's response to reviews: see over
Reviewer's report

Title: Case Report: Giant Perineal Keloids.

Version: 2 Date: 5 July 2005

Reviewer: Bjorn Olsen

Reviewer's report:

General
In this case report, Jones et al. report on an unusual case of giant perineal keloids and its successful treatment with surgery followed by radiation therapy. The case is unusual because the female genital region is one in which keloids do not normally form. However, this patient had a 29-year history of spontaneous keloid formation (since she was 5 years old) and presented with a giant perineal tumor. The report is of interest because of this unusual location and the evidence from the family history that it may represent a familial case and should be published, but the authors should be asked to revise the report before publication, as follows:

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

(1) The authors should make clear whether the mother and sister of the patient, also affected with keloids, had perineal keloids like the patient. Whether both mother and sister had arthritic symptoms as well as diabetes should also be made clear.

Done. “The patient’s history revealed two family members (a mother and sister) with similar symptomology, resulting in a diagnosis of familial keloid syndrome. However, neither the mother nor sister was affected with perineal keloid development. Past medical history was also notable for arthritic symptoms and diabetes mellitus, which were present in both mother and sister.”

(2) In the conclusion section the authors need to revise the statements about the study of Maneros et al. Maneros et al. did not, as described, use X-chromosomal markers for genotyping; they did a genome-wide screen with polymorphic markers to identify two distinct gene loci which may contain specific susceptibility genes.

Done. “Through the use of a genome wide linkage screen, plausible gene loci for these keloid pedigrees were identified.[3]”

(3) The authors refer to a study of Ragoowansi et al. but did not include this in the reference list. This must be corrected.

The referral to Ragoowansi et al. was included in the reference list under reference point #14 according to the reviewer’s suggestion.

(4) Several minor typographical changes need to be corrected, including the formatting for reference 26 in the text, and the variable placement of references before and after the period at the end of sentences.

All typographical errors related to the format and placement of references has been amended according to the reviewer’s suggestions.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
Discretionary Revisions (which the author can choose to ignore)

(1) If possible, the authors should be encouraged to add more information about the family to further support the conclusion that this is indeed a case of inherited keloids.

Done. “A 34-year old African-American woman presented with a giant perineal tumor associated with a 29-year history of spontaneous keloid formation. The patient’s history revealed two family members (a mother and sister) with similar symptomology, resulting in a diagnosis of familial keloid syndrome. However, neither the mother nor sister was affected with perineal keloid development. Past medical history was also notable for arthritic symptoms and diabetes mellitus, which were present in both mother and sister.”

Reviewer’s report

Title: Case Report: Giant Perineal Keloids.

Version: 2 Date: 7 June 2005

Reviewer: aradeshir bayat

Reviewer’s report:

Thank you for asking me to review this interesting sounding case report. I must say that I was enticed by a promising sounding title and was keen to read on to discover an unusual case of keloid or a new successful variation of therapy for keloids. This paper describes presentation of a large keloid in the perineal region of a patient with family history of keloid scarring who has undergone surgical excision with adjuvant radiotherapy who was only followed up for six months.

The report of large or giant keloids from any part of the human skin is not new and several reports have already alluded to this in the literature. The added importance of family history and its effect on disease phenotype again is not a new finding. However, an unusual clinical presentation or histology aiding management not reported before, may have added value to report of this large lesion in a relatively rarely affected anatomical site. Perhaps the authors may have overlooked this issue and may want to further elaborate on this before a decision on this particular aspect is made.

As regards to treatment, use of radiotherapy in conjunction with surgical excision as evaluated by the authors is not a new concept. The post operative image does not show total eradication of disease as residual keloid still seems to be present. Nevertheless a variation on the existing methods of radiotherapy with definitive long term success (total eradication with a minimum of 1-2 year absence of recurrence or extension of lesion) would be of interest to those involved in management of this disabling and recalcitrant disorder.

This manuscript in its present format does not report anything new that has not been previously stated by other authors, nonetheless I would be delighted to review a resubmission if the above points have been sufficiently addressed and a new revised submission has been forwarded for review. I wish the authors continuing success with their work on treatment of this difficult disorder.

Our hope for this article was not to reveal a new clinical presentation or treatment modality. Instead, we desire to add this unusual clinical presentation, and its findings, to the body of literature already demonstrating the effectiveness of surgical excision and radiotherapy on keloid formation.
What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests: ‘I declare that I have no competing interests’