

## Review report

Final title: Dermatofibrosarcoma protuberans of the foot in a 72-year-old man: A case report

Title at submission: Dermatofibrosarcoma protuberans of the first metatarsal of the left foot in a 72-year-old man– A case report.



Reviewer: Lubna Khondker, ORCID: 0000-0002-7186-3749

### Overview

Dermatofibrosarcoma protuberans (DFSP) is a rare case. Its a justified case report. Authors described the case nicely. No abstract here. Patient visited a private hospital but authors didn't mention the name of the hospital. There is no details of drug history of the patient. In introduction section, about DFSP is written insufficiently and in discussion section, there is lack of mentioning the history of other case reports of DFSP. Keywords are not appropriate.

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### Publication history

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### Handling editor

Tahniyah Haq  
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### Reviewer

Lubna Khondker  
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### Keywords

Geriatric sarcoma, slow-growing sarcoma, ray amputation

### Ethical approval

Ethical approval was not sought because this is a case report. However, written informed consent was obtained from the patient for publication of this case report and any accompanying images.

### Funding

None

### Trail registration number

Not applicable

- 1 **Comment** Patient visited a private hospital but authors didn't mention the name of the hospital.  
**Response** We present the case of a 72-year-old male patient who comes to the surgery outpatient department (OPD) of Acharya Vinoba Bhave Rural Hospital (AVBRH)
- 2 **Comment** There is no details of drug history of the patient.  
**Response** multivitamin tablet once a day (OD) for 10 days, ascorbic acid tablet
- 3 **Comment** In introduction section, about DFSP is written insufficiently  
**Response** The standard treatment for resectable DFSP involves complete surgical removal, usually achieved through wide local excision, ensuring a negative tumour margin. In rare cases, amputation may be necessary.<sup>10</sup>
- 4 **Comment** Discussion section, there is lack of mentioning the history of other case reports of DFSP.  
**Response** Slavchev et al. documented a 40-year duration DFSP of the great toe, highlighting the challenges in early detection and the significance of long-term followup.<sup>5</sup> Similarly, Deng et al. reported an abdominal metastatic DFSP misdiagnosed as a gastrointestinal stromal tumour, highlighting the challenges in diagnosis and the risk of metastasis if not promptly treated.<sup>6</sup> The current case also highlights the importance of prompt histopathological diagnosis.
- 5 **Comment** Keywords are not appropriate.  
**Response** Geriatric sarcoma, slow-growing sarcoma, ray amputation.

Handling editor: Tahniyah Haq, ORCID: 0000-0002-0863-0619

- 1 **Comment** In line 52 and 53, the family history should be in the history section before the examination findings.  
**Response** Done as suggested.
- 2 **Comment** In line 55, please mention the routine investigations.  
**Response** All routine investigations, including complete blood count (CBC), blood sugar levels, and renal and liver function tests, were conducted and found to be within normal limits.
- 3 **Comment** In line 68 and 69, please use the generic name of the medications prescribed.  
**Response** Multivitamin tablet once a day (OD) for 10 days, ascorbic acid tablet,
- 4 **Comment** Please mention why this case report is important in the discussion. What new information or message will the readers acquire from this case?
- 5 **Response** This case emphasises the importance of histopathological evaluation and long-term followup to detect recurrences. The occurrence of DFSP in an elderly patient also emphasises the need for maintaining a broad differential diagnosis.

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6 **Comment** In the highlights, it has been stated that dermatofibrosarcoma protuberans is rare in the pediatric age group. However, the patient in this report is 72 years old. Therefore, how is this highlight important and relevant in this case report? Please highlight any new and important information that was derived from this case.

**Response** Dermatofibrosarcoma protuberans is a rare entity in the geriatric age group.

7 **Comment** Please mention if consent has been taken from the patient. We may require the signed consent form at any later time.

**Response** The authors confirm that they have obtained all the consent required by the applicable law to publish any personal details or images of patients, research subjects, or other individuals used. The authors agree to provide the Bangabandhu Sheikh Mujib Medical University Journal with copies of the consent or evidence that such consent has been obtained if requested.

2 Mar 2025

1 **Comment** How long ago was ray amputation done? What was the histopathology report then? Is this a recurrence?

**Response** The ray amputation was performed 11 months ago, as mentioned in the case history. At that time, the histopathology confirmed the diagnosis of dermatofibrosarcoma protuberans (DFSP). This current presentation suggests a recurrence, which we will explicitly clarify in the revised manuscript.

2 **Comment** Was any imaging eg chest X-ray and abdominal USG done? Do the authors think it relevant?

**Response** Currently, no imaging details (chest X-ray or abdominal ultrasound) were included in the manuscript. Given that DFSP has a low metastatic potential, imaging is not always routinely performed unless metastasis is suspected. However, we acknowledge the importance of ruling out distant spread in recurrent cases. If imaging was done, we will include the results. If not, we will discuss the rationale behind not performing imaging in this specific case.

3 **Comment** Was the excised sample tested for tuberculosis? If not, why?

**Response** The excised sample was not tested for tuberculosis as the patient had no history or symptoms suggestive of tuberculosis, and the histopathology findings were consistent with DFSP, a fibroblastic soft tissue tumor. However, given the prevalence of tuberculosis in some regions, we acknowledge the importance of considering it in the differential diagnosis. We will clarify this in the discussion.

4 **Comment** There are over 1000 case reports of DFSP. The discussion does not adequately highlight the importance of reporting this case. Please highlight how your case stands out from the other reports. What new and important information do you have for the global audience?

**Response** We appreciate this feedback and will revise the discussion to emphasize the uniqueness of our case, particularly:

1. Rare location: DFSP commonly affects the trunk and proximal limbs but is extremely rare in the foot, with only a few cases reported.
2. Geriatric presentation: DFSP is most common in young to middle-aged adults, and cases in the elderly are uncommon.
3. Recurrence despite prior amputation: This highlights the aggressive potential of DFSP, underscoring the need for long-term follow-up.

5 **Comment** The flow of writing in the discussion needs more work. Please give more information on DFSP, so readers not familiar with this disease can understand the atypical findings of your case.

**Response** We will expand the introduction and discussion to provide a clearer background on DFSP, including:

1. Its clinical presentation, common sites, and histopathology
2. Its usual treatment approach (wide local excision vs. amputation)

Its recurrence patterns and prognosis

Additionally, we will clarify the atypical features of our case, including:

- The location (first metatarsal)
- The presentation as a non-healing ulcer
- The recurrence despite amputation

6 **Comment** There is mixture of tenses throughout the manuscript. Eg - past tense has been used throughout the manuscript. Lines 58-60 are in present tense.

**Response** We appreciate this observation and will ensure consistency in tense usage throughout the manuscript. The case description and patient history will be in the past tense, while general information on DFSP will be in the present tense.

7 **Comment** Please see a sample review response in our website.

**Response** We will review the sample response to ensure that our revisions align with the journal's expectations.