

# Review of: "[Case Report] A Rare Case of Carcinoma Erysipeloides After TNBC Mastectomy: Challenges in Diagnosis and Implications for Treatment"

Constantin Dina

Potential competing interests: No potential competing interests to declare.

First of all, congratulations on your work. This case underscores the risk of underdiagnosis of Carcinoma Erysipeloides (CE), which could lead to severe clinical consequences due to the aggressive nature of triple-negative breast cancer (TNBC) and its rapid potential for dissemination. The authors emphasize that prompt and precise interventions are vital for patient management, thereby improving clinical outcomes. Furthermore, the case presented suggests that dermatological evaluations should be integrated into routine post-cancer check-ups, and treatment protocols may need adjustments to address the specific challenges posed by CE.

I have some suggestions and questions:

1. The patient's age needs to be clarified: 43 or 44 years old.
2. The study does not present long-term follow-up of the patient, which I believe is important for evaluating the effectiveness of clinical interventions and for understanding the long-term progression of Carcinoma Erysipeloides (CE) in the context of triple-negative breast cancer (TNBC). Is there a possibility to supplement this study with these details?
3. The authors criticize the low reliability of PET scans in detecting CE, but I did not find any indication whether other imaging techniques could be optimized or used complementarily to improve diagnosis. For instance, newer techniques such as combined PET/MRI imaging could provide both structural and functional information, thereby increasing the chances of detecting skin metastases at an early stage. Can the biopsy (image-guided biopsy, I think) sensitivity and specificity be highlighted compared to other imaging methods?
4. The authors mention the need to adjust treatment protocols. In this case, what are the available therapeutic alternatives, or are there new approaches regarding TNBC and CE? I do not understand what the treatment options are. Do the necessary adjustments refer to integrating detailed dermatological evaluations into routine post-cancer follow-ups in order to detect and diagnose this form of skin metastasis early?

After some corrections, I think this can be accepted for publication.