MINIREVIEWS

8808 Ear, nose, and throat manifestations of COVID-19 and its vaccines
Al-Ani RM

8816 Potential influences of religiosity and religious coping strategies on people with diabetes
Onyishi CN, Eseadi C, Ilechukwu LC, Okoro KN, Okolie CN, Egbule E, Asogwa E

ORIGINAL ARTICLE

Case Control Study

8827 Effectiveness of six-step complex decongestive therapy for treating upper limb lymphedema after breast cancer surgery

Retrospective Study

8837 Hospital admissions from alcohol-related acute pancreatitis during the COVID-19 pandemic: A single-centre study
Mak WK, Di Mauro D, Pearce E, Karran L, Myintmo A, Duckworth J, Orabi A, Lane R, Holloway S, Manzelli A, Mossadegh S

8844 Indocyanine green plasma clearance rate and 99mTc-galactosyl human serum albumin single-photon emission computed tomography evaluated preoperative remnant liver
Iwaki K, Kathara S, Kita R, Kitamura K, Hashida H, Uryuhara K

8854 Arthroscopy with subscapularis upper one-third tenodesis for treatment of recurrent anterior shoulder instability independent of glenoid bone loss

8863 Evaluation of the prognostic nutritional index for the prognosis of Chinese patients with high/extremely high-risk prostate cancer after radical prostatectomy
Yang F, Pan M, Nie J, Xiao F, Zhang Y

Observational Study

8872 Chlorine poisoning caused by improper mixing of household disinfectants during the COVID-19 pandemic: Case series
Lin GD, Wu JY, Peng XB, Lu XX, Liu ZY, Pan ZG, Qiu ZW, Dong JG

8880 Mental health of the Slovak population during COVID-19 pandemic: A cross-sectional survey
Kralova M, Brazinova A, Sivcova V, Izakova L
<table>
<thead>
<tr>
<th>Type</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prospective Study</td>
<td>Arthroscopic anatomical reconstruction of lateral collateral ligaments with ligament advanced reinforcement system artificial ligament for chronic ankle instability</td>
<td>Wang Y, Zhu JX</td>
</tr>
<tr>
<td>SYSTEMATIC REVIEWS</td>
<td>How to select the quantitative magnetic resonance technique for subjects with fatty liver: A systematic review</td>
<td>Li YW, Jiao Y, Chen N, Gao Q, Chen YK, Zhang YF, Wen QP, Zhang ZM</td>
</tr>
<tr>
<td></td>
<td>Lymphocytic choriomeningitis virus: An under-recognized congenital teratogen</td>
<td>Ferenc T, Vujica M, Mezljak A, Vilibic-Cavlek T</td>
</tr>
<tr>
<td></td>
<td>Colo-colic intussusception with post-polypectomy electrocoagulation syndrome: A case report</td>
<td>Moon JY, Lee MR, Yim SK, Ha GW</td>
</tr>
<tr>
<td></td>
<td>Portal vein gas combined with pneumatosis intestinalis and emphysematosus cystitis: A case report and literature review</td>
<td>Hu SF, Liu HB, Hao YY</td>
</tr>
<tr>
<td></td>
<td>Quadricuspid aortic valve and right ventricular type of myocardial bridging in an asymptomatic middle-aged woman: A case report</td>
<td>Sopek Merkaš I, Lukišić N, Paar MH</td>
</tr>
<tr>
<td></td>
<td>Treatment of gastric carcinoma with lymphoid stroma by immunotherapy: A case report</td>
<td>Cui YJ, Ren YY, Zhang HZ</td>
</tr>
<tr>
<td></td>
<td>Extracorporeal membrane oxygenation for lung cancer-related life-threatening hypoxia: A case report</td>
<td>Yoo SS, Lee SY, Choi SH</td>
</tr>
<tr>
<td></td>
<td>Multi-disciplinary treatment of maxillofacial skeletal deformities by orthognathic surgery combined with periodontal phenotype modification: A case report</td>
<td>Liu JY, Li GF, Tang Y, Yan FH, Tan BC</td>
</tr>
<tr>
<td></td>
<td>X-linked recessive Kallmann syndrome: A case report</td>
<td>Zhang P, Fu JY</td>
</tr>
<tr>
<td></td>
<td>Delayed complications of intradural cement leakage after percutaneous vertebroplasty: A case report</td>
<td>Ma QH, Liu GP, Sun Q, Li JG</td>
</tr>
</tbody>
</table>
Coexistent Kaposi sarcoma and post-transplant lymphoproliferative disorder in the same lymph nodes after pediatric liver transplantation: A case report

Misdiagnosis of pancreatic metastasis from renal cell carcinoma: A case report
Liang XK, Li LJ, He YM, Xu ZF

Discoid medial meniscus of both knees: A case report
Zheng ZR, Ma H, Yang F, Yuan L, Wang GD, Zhao XW, Ma LF

Simultaneous laparoscopic and arthroscopic excision of a huge juxta-articular ganglionic cyst compressing the sciatic nerve: A case report
Choi WK, Oh JS, Yoon SJ

One-stage revision arthroplasty in a patient with ochronotic arthropathy accompanied by joint infection: A case report
Wang XC, Zhang XM, Cai WL, Li Z, Ma C, Liu YQ, He QL, Yan TS, Cao XW

Bladder paraganglioma after kidney transplantation: A case report
Wang L, Zhang YN, Chen GY

Total spinal anesthesia caused by lidocaine during unilateral percutaneous vertebroplasty performed under local anesthesia: A case report
Wang YF, Bian ZY, Li XX, Hu YX, Jiang L

Ruptured splenic artery aneurysms in pregnancy and usefulness of endovascular treatment in selective patients: A case report and review of literature
Lee SH, Yang S, Park I, Im YC, Kim GY

Gastrointestinal metastasis secondary to invasive lobular carcinoma of the breast: A case report
Li LX, Zhang D, Ma F

Post-bulbar duodenal ulcer with anterior perforation with kissing ulcer and duodenocaval fistula: A case report and review of literature
Alzerwi N

Modified orthodontic treatment of substitution of canines by first premolars: A case report
Li FF, Li M, Li M, Yang X

Renal cell carcinoma presented with a rare case of icteric Stauffer syndrome: A case report
Popov DR, Antonov KA, Atanasova EG, Pentchev CP, Milatchkov LM, Petkova MD, Neykov KG, Nikolov RK

Successful resection of a huge retroperitoneal venous hemangioma: A case report
Qin Y, Qiao P, Guan X, Zeng S, Hu XP, Wang B

Malignant transformation of biliary adenofibroma combined with benign lymphadenopathy mimicking advanced liver carcinoma: A case report
<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>9112</td>
<td>Congenital hepatic cyst: Eleven case reports</td>
<td>Du CX, Lu CG, Li W, Tang WB</td>
</tr>
<tr>
<td>9121</td>
<td>Endovascular treatment of a ruptured pseudoaneurysm of the internal carotid artery in a patient with nasopharyngeal cancer: A case report</td>
<td>Park JS, Jang HG</td>
</tr>
<tr>
<td>9127</td>
<td>Varicella-zoster virus meningitis after spinal anesthesia: A case report</td>
<td>Lee YW, Yoo B, Lim YH</td>
</tr>
<tr>
<td>9132</td>
<td>Chondrosarcoma of the toe: A case report and literature review</td>
<td>Zhou LB, Zhang HC, Dong ZG, Wang CC</td>
</tr>
<tr>
<td>9142</td>
<td>Tamsulosin-induced life-threatening hypotension in a patient with spinal cord injury: A case report</td>
<td>Lee JY, Lee HS, Park SB, Lee KH</td>
</tr>
<tr>
<td>9148</td>
<td>CCNO mutation as a cause of primary ciliary dyskinesia: A case report</td>
<td>Zhang YY, Lou Y, Yan H, Tang H</td>
</tr>
<tr>
<td>9156</td>
<td>Repeated bacteremia and hepatic cyst infection lasting 3 years following pancreatoduodenectomy: A case report</td>
<td>Zhang K, Zhang HL, Guo JQ, Tu CY, Lv XL, Zhu JD</td>
</tr>
<tr>
<td>9162</td>
<td>Idiopathic cholesterol crystal embolism with atheroembolic renal disease and blue toes syndrome: A case report</td>
<td>Cheng DJ, Li L, Zheng XY, Tang SF</td>
</tr>
<tr>
<td>9168</td>
<td>Systemic lupus erythematosus with visceral varicella: A case report</td>
<td>Zhao J, Tian M</td>
</tr>
</tbody>
</table>

**LETTER TO THE EDITOR**

<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>9176</td>
<td>Imaging of fibroadenoma: Be careful with imaging follow-up</td>
<td>Ece B, Aydin S</td>
</tr>
</tbody>
</table>
ABOUT COVER
Editorial Board Member of World Journal of Clinical Cases, Mohsen Khosravi, MD, Assistant Professor, Department of Psychiatry and Clinical Psychology, Zahedan University of Medical Sciences, Zahedan 9819713955, Iran. m.khosravi@zaums.ac.ir

AIMS AND SCOPE
The primary aim of World Journal of Clinical Cases (WJCC, World J Clin Cases) is to provide scholars and readers from various fields of clinical medicine with a platform to publish high-quality clinical research articles and communicate their research findings online.

WJCC mainly publishes articles reporting research results and findings obtained in the field of clinical medicine and covering a wide range of topics, including case control studies, retrospective cohort studies, retrospective studies, clinical trials studies, observational studies, prospective studies, randomized controlled trials, randomized clinical trials, systematic reviews, meta-analysis, and case reports.

INDEXING/ABSTRACTING
The WJCC is now abstracted and indexed in Science Citation Index Expanded (SCIE, also known as SciSearch®), Journal Citation Reports/Science Edition, Current Contents®/Clinical Medicine, PubMed, PubMed Central, Scopus, Reference Citation Analysis, China National Knowledge Infrastructure, China Science and Technology Journal Database, and Superstar Journals Database. The 2022 Edition of Journal Citation Reports® cites the 2021 impact factor (IF) for WJCC as 1.534; IF without journal self cites: 1.491; 5-year IF: 1.599; Journal Citation Indicator: 0.28; Ranking: 135 among 172 journals in medicine, general and internal; and Quartile category: Q4. The WJCC’s CiteScore for 2021 is 1.2 and Scopus CiteScore rank 2021: General Medicine is 443/826.

RESPONSIBLE EDITORS FOR THIS ISSUE
Production Editor: Xu Guo; Production Department Director: Xiang Li; Editorial Office Director: Jin-Lei Wang.

NAME OF JOURNAL
World Journal of Clinical Cases

ISSN
ISSN 2307-8960 (online)

LAUNCH DATE
April 16, 2013

FREQUENCY
Thrice Monthly

EDITORS-IN-CHIEF
Bao-Gan Peng, Jerzy Tadeusz Chudek, George Kontogeorgos, Maurizio Serati, Ja Hyeon Ku

EDITORIAL BOARD MEMBERS
https://www.wjgnet.com/2307-8960/editorialboard.htm

PUBLICATION DATE
September 6, 2022

COPYRIGHT
© 2022 Baishideng Publishing Group Inc

INSTRUCTIONS TO AUTHORS
https://www.wjgnet.com/bpg/gerinfo/204

GUIDELINES FOR ETHICS DOCUMENTS
https://www.wjgnet.com/bpg/gerinfo/287

GUIDELINES FOR NON-NATIVE SPEAKERS OF ENGLISH
https://www.wjgnet.com/bpg/gerinfo/240

PUBLICATION ETHICS
https://www.wjgnet.com/bpg/gerinfo/288

PUBLICATION MISCONDUCT
https://www.wjgnet.com/bpg/gerinfo/208

ARTICLE PROCESSING CHARGE
https://www.wjgnet.com/bpg/gerinfo/242

STEPS FOR SUBMITTING MANUSCRIPTS
https://www.wjgnet.com/bpg/gerinfo/239

ONLINE SUBMISSION
https://www.f6publishing.com

© 2022 Baishideng Publishing Group Inc. All rights reserved. 7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
E-mail: bpgoffice@wjgnet.com https://www.wjgnet.com
Imaging of fibroadenoma: Be careful with imaging follow-up

Bunyamin Ece, Sonay Aydin

Abstract

The present letter to the editor is related to the study titled, “Preoperational diagnosis and management of breast ductal carcinoma in situ arising within fibroadenoma: Two case reports.” Fibroadenoma is the most common benign mass lesion in young females. Based on this study showing that malignancy can develop on fibroadenomas, we want to emphasize that careful sonographic follow-up of fibroadenomas should be done and that each lesion should be followed carefully and separately in cases with multiple fibroadenomas. Additionally, we want to emphasize the critical role of sonographic examination in diagnosing fibroadenoma, the importance of correctly defining benign and malignant sonographic findings, and which lesions should be followed up sonographically and which lesions should be evaluated histopathologically.

Key Words: Breast; Fibroadenoma; Malignity; Follow-up; Ultrasound

©The Author(s) 2022. Published by Baishideng Publishing Group Inc. All rights reserved.

Core Tip: We read with interest the case report of two cases presented as examples of malignancies developing from fibroadenoma followed as benign. With this letter to the editor, we wanted to emphasize the importance of sonographic evaluation of single and multiple fibroadenoma cases, which we frequently encounter in daily practice, as well as which lesions should be referred for sonographic follow-up and which lesions should be referred for histopathological examination. Additionally, based on the first case in this case report, we want to emphasize the importance of carefully following each lesion in cases with multiple fibroadenomas.
TO THE EDITOR

We read the article titled, “Nonoperational diagnosis and management of breast ductal carcinoma in situ arising within adenocarcinoma: Two case reports”[1] with interest and appreciate the authors’ comprehensive case report. The article provides remarkable and useful information regarding malignant entities that arise on adenocarcinoma, which is the most frequent benign breast disease. One of the important features of this article is that it shows imaging findings about malignancy developing on adenocarcinoma that were followed as benign for a while. Another important point is to detect the malignancy by excision made on suspicion of one of the lesions in a case with multiple adenocarcinoma. According to this case results, we conclude that as radiologists, we need to be more careful when evaluating single or multiple adenocarcinoma cases, which we frequently see in daily practice, and when referring them for ultrasonically follow-up.

At this point, we believe it is necessary to emphasize the importance of phonographic examination in diagnosing adenocarcinoma, the importance of accurately defining benign and malignant phonographic findings, and the distinction between which lesions should be referred for phonographic follow-up and which lesions should be evaluated anthropologically. Additionally, although the risk of developing malignancy from adenocarcinoma is low, we want to emphasize once again, based on the first case in this article, that each lesion should be evaluated separately when following up on cases with multiple adenocarcinoma.

Various clinical dilemmas arise when a lesion suspicious of adenocarcinoma is detected in a patient. It is well known that adenocarcinoma are the most common benign mass lesion in young females[2], and currently, an immediate intervention procedure is not usually performed on a lesion with a misdiagnosis of fibroadenoma. Histopathological examination of every fibroadenoma prediagnosed lesion was abandoned a long time ago. While all fibroadenoma prediagnosed lesions were excised until the mid-1980s[3], research published in the 1990s recommended that fibroadenomas with no suspicion of malignancy based on fine needle aspiration biopsy results be followed up[4]. Later studies suggested that young patients with benign sonographic findings could be safely followed without biopsy[5]. Additionally, it was stated that a quality sonographic scan has a high negative predictive value and that short-term imaging follow-up would be a good alternative to biopsy[6]. Today, when a fibroadenoma prediagnosed lesion is first seen, according to the American College of Radiology Breast Imaging Reporting and Data System (BI-RADS)[7] BI-RADS 3 classification and evaluating probably in the benign category is a common practice, and a short-term imaging follow-up of 6 mo is recommended[8]. However, in the presence of various suspicious sonographic findings, lesions are classified as BI-RADS 4 and histopathological correlation is recommended[9]. Although malignant transformation of fibroadenomas is rare, it is seen between 0.002% and 0.125%[10]. Therefore, it is important to emphasize fibroadenoma imaging and suspicious findings.

The following sonographic findings indicate that the lesion is not a typical fibroadenoma: taller than wide orientation, deterioration of orientation parallel to the skin, deterioration in the thin echogenic ring around the lesion, thickening and irregular border feature, angulation at the edges, hypoechoic shadowing, heterogeneous internal structure, containing cystic areas and microcalcifications, microlobulation and spicule contour feature and echogenicity changes in surrounding tissue[5,11,12]. On magnetic resonance imaging (MRI), fibroadenomas are often isointense or hypointense in comparison to adjacent breast tissue on T1 weighted image and hypointense or hyperintense on T2 weighted image. It usually presents as a type 1 dynamic curve pattern in contrast-enhanced dynamic series, which is characterized by a slow enhancement and a persistent enhancement in the delayed phase. It may also contain non-enhancing internal septations. Contrary to malignant lesions, they are characterized by high apparent diffusion coefficient (ADC) values in diffusion-weighted imaging (DWI).

Histopathological examination can be performed in the following situations respectively; In the presence of suspicious findings on sonographic examination, an increase in size during sonographic follow-up, an immobile and poorly circumscribed lesion, advanced age (> 35 years), a family history of cancer, and a lesion greater than 2.5 cm in diameter[13-15].

Novel radiologic studies continue to emphasize the critical distinction between fibroadenomas and malignant tumors. Radiomics—a diagnostic tool based on artificial intelligence—has been evaluated for the aforementioned purpose using sonographic and magnetic resonance images; it is stated that the radiomics signature may be a useful predictive parameter for the differentiation of fibroadenomas from malignant lesions and phyllodes tumors[16,17]. Additionally, novel MRI approaches have been developed to distinguish fibroadenomas from malignant lesions, one of which is three-dimensional amide proton transfer weighted magnetic resonance imaging. It is said that this unique technique performed similarly to dynamic contrast enhanced MRI in differentiating fibroadenomas from malignant breast tumors and better than DWI and added additional information on tumor cell activity to DWI images[18].

In the literature, the use of contrast-enhanced ultrasonography to differentiate fibroadenomas from ductal carcinoma in situ (DCIS) has been shown to be helpful. In contrast-enhanced ultrasonography examinations utilizing microbubble agents, DCIS is more likely than fibroadenoma to exhibit an earlier wash-in time, hyperintense enhancement, blood perfusion defects, an enlarged enhancement scope and penetrating vessels[19]. In addition, there are studies reporting that the use of digital breast tomosyn-
Ece B et al. Be careful with imaging follow-up fibroadenoma

Thesis (DBT) in patients with dense breast tissue will increase sensitivity and specificity in the diagnosis of malignancy, as well as in the diagnosis and follow-up of benign lesions such as fibroadenoma. Tomosynthesis is able to detect more invasive tumors than two-dimensional mammography alone, and DBT will also find more benign lesions. Lesion shape and margins are generally well depicted by DBT [20]. In addition, noninvasive functional MRI examination can potentially be utilized to assess breast lesions. Using DWI and MR spectroscopy, the lesion is evaluated. In comparison to benign lesions, malignant lesions exhibit lower ADC values and restricted diffusion. The proton MR spectroscopy can identify the biochemical characteristics of tissue. Total choline resonance at 3.14–3.34 ppm has been associated to oncogenesis and tumor progression, as well as found in malignant breast tumors due to complicated metabolism[21].

As a result, it is important to keep in mind that malignancy may develop on fibroadenomas, which is the most common benign mass lesion of the breast, albeit rarely. Additionally, caution should be exercised during the diagnosis and sonographic follow-up of patients with multiple fibroadenomas, with each lesion being documented separately and each lesion being carefully evaluated during the follow-up.

FOOTNOTES

Author contributions: Aydin S was responsible for conception and supervision; Ece B was responsible for design; Ece B and Aydin S conducted the literature search and reviewed the manuscript critically, were responsible for materials, and wrote the manuscript; All authors have read and approved the final manuscript.

Conflict-of-interest statement: All the authors report no relevant conflicts of interest for this article.

Open-Access: This article is an open-access article that was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution NonCommercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: https://creativecommons.org/Licenses/by-nc/4.0/

Country/Territory of origin: Turkey

ORCID number: Bunyamin Ece 0000-0001-6288-8410; Sonay Aydin 0000-0002-3812-6333.

S-Editor: Fan JR
L-Editor: Filipodia
P-Editor: Fan JR

REFERENCES


