Clinical Pediatrics: Open Access

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Editorial Note

Editorial Note on Clinical Pediatrics: Open Access

Evelyn Joy*

Associate Managing Editor, Clinical Pediatrics: Open Access, Longdom Group SA, Avenue Roger Vandendriessche, 18, 1150 Brussels, Belgium

BACKGROUND

Clinical Pediatrics: Open Access (CPOA) is a peer-reviewed medical journal of pediatrics that was established in 2016. It is published tri annually by Longdom Publications and edited by Dr. Fuyong Jiao, Professor and Head of Department of Pediatrics at Shaanxi Provincial People's Hospital, Xi'an Jiaotong University, China.

The journal is successfully publishing its Volume 5 Issue 2. Since the journal was established, CRFA has published in excess of 100 topical and interesting theoretical and Empirical Papers has been published with broad scope, encompassing all the areas of diagnosis and treatment system associated with Pediatrics.

SCOPE OF THE JOURNAL

It's a wide scope of Journal which encompasses in Pediatrics and its disciple fields.

GOOGLE ANALYTICS STATUS

W Sometimes reaching our biggest goals takes more time, patience, and grit than we expect, hence the journal took a major step involving social media and making a varied platform to our researchers to get in touch with us and Google Analytics has revealed an amazing statistic regarding the popularity of this journal. All through Feb 2016- Nov 2019 there were 5000-page views. The total number of returning visitors were 3,832. Moreover, globally 575,474+ new users have accessed the journal website for information on the journal and the published articles. More than 36,000+ Visitors visiting the journal site to read the published articles or submit their research outcomes. Highest number of visitors reporting both from the developed and developing nations majority of the visitors have come from India (27.78%), United States (23.61%), Turkey (6.02%), Egypy (3.24%), Sweden United Kingdom (3.24%), China (2.78%), Brazil (2.31%), Colombia (2.31%), Italy (2.31%) and Japan (2.31%). The Journal received tremendous attention from the researchers in terms of visits from United States, China, United Kingdom, Turkey and India, etc.

The objective of Clinical Pediatrics: Open Access is to publish high-quality and original research papers alongside relevant and insightful reviews. As such, the journal aspires to be vibrant, engaging and accessible, and at the same time integrative and challenging, Needless to say, any papers that you wish to submit, either individually or collaboratively, are much appreciated and will make a substantial contribution to the early development and success of the journal.

I am extremely grateful to the strong and able eminent Editorial Board including Dr. Fuyong Jiao (Editor-in-Chief), Dr. Abdel-Latif Mohamed (Editor-in-Chief) and Dr. Miguel Angel Maluf (Editor-in-Chief) under their guidance and suggestions and also the Editor's Dr. Aravindhan Veerapandiyan (Associate Editor), Editorial Board Members as Dr. Antonio Simone Lagana, Dr. Matthew O Howard, Dr. Claudio Spinelli, Dr. Thi Tar, Dr. Debopam Samanta, Dr. Ahmed Naguy, Dr. Isaac Kuzmar, Dr. Linda E May, Dr. Krishna Kumar Govindarajan, Dr. Dulani Gunasekera, Dr. Antonios Georgios Angoules, Dr. Ming-Chou Chiang, Dr. Luis Rafael Moscote Salazarr, Dr. Ihab Naser, Dr. Minyahil Alebachew Woldu, Dr. Sergio Zanini, Dr. Khyati Shah, Dr. Rajni Ahlawat as well as Potential Review board, the journal bestowing us with their consistent efforts and our reviewer panel for their meticulous work and helping the journal reach international Standards.

The Editor-in-Chief and Editorial Board and Review Board of Clinical Pediatrics: Open Access look forward to working with potential authors of review papers, for which the editorial process would be handled efficiently and in a timely manner. I would also extend my gladness by thanking the advisory and the editorial board, the office bearers and staff at Longdom secretariat for their support in bringing out yet another volume of Clinical Pediatrics: Open Access and look forward to their unrelenting support to bring out the Volume 5 Issue 2 in scheduled time.

CONCLUSION

Authors are encouraged to submit papers based on new findings from original data collection or new analyses of existing data. However, systematic reviews, other critical analyses, and reports will be considered for publication.

Stay Safe & Healthy...!

Thank you!

With kind regards,

Evelyn Joy

Associate Managing Editor

Clinical Pediatrics: Open Access

Corresponding to: Evelyn Joy, Associate Managing Editor, Clinical Pediatrics: Open Access, Longdom Group SA, Avenue Roger Vandendriessche, 18, 1150 Brussels, Belgium; Tel: +32-466-902153; Email: clinpedia@emedicaljournals.org

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DISCUSSION

This study reported a rare case of paedratic intramuscular GCT, situated in the deep latissimus dorsi muscle under the axilla, in an 8-year-6-month boy. Most of the GCTs occur in the subcutaneous soft tissue up to 80%, but less than 20% located within the muscular tissue [1,5,6]. Moreover, compared with adults, intramuscular GCT in children is very rare [6], and this study may be the first case report about paedratic intramuscular GCT. Therefore, this study aims to provide clinical evidence of paedratic intramuscular GCT regarding diagnosis and prognosis to advance the clinical management of soft-tissue tumors in children.

GCTs of soft tissue tend to have more infiltrative, and more often have positive margins showing the distinct behaviors from subcutaneous and submucosal lesions [6]. The intraoperative and histological performances of this mass are consistent with the character of soft tissue GCTs, such as the unclear margin with the adjacent tissue and adipose tissue infiltration. Soft-tissue GCTs usually have the atypical and malignant behaviors due to the nature of the mass itself, especially for intramuscular GCTs [1,5,7]. However, these previously reported cases were in adults.

For this paedratic case, it was defined as the benign tumor despite having an invading growing pattern according to the GCT malignancy definition proposed by Fanburg-Smith [8]. He claimed that malignant GCT should have at least three of the following histopathological features: Necrosis, spindling of tumor cells, vesicular nuclei with large nucleoli, increased mitotic rate (greater than two mitoses/10 high-power fields), high nuclear to cytoplasmic ratio, and pleomorphism. However, the historical-begin GCT of soft tissue has been reported with the focal recurrence since the first diagnosis[5] and metastasis [9,10]. The intramuscular GCT in the present study had no recurrence after the surgery rection, which may indicate the behavior variants of GCTs of soft tissue between adults and children. However, long-term and close clinical follow-up is also crucial as it may recur after several years [5]. The reports of soft-tissue GCTs in children are scarce, and observational studies with larger sample sizes are warranted.

Preoperative diagnosis of intramuscular GCTs in children is also tricky as the discordance of imaging findings and intraoperative results were observed in this case. Although the gold-standard diagnosis of GCTs relies on pathological reports, optimal preoperative imaging approaches can better characterize tumor tissue and help clinicians make an effective clinical management plan to decrease unnecessary invasive risks before the intervention. For the imaging features of GCTs, malignant tumors have more identifiable characteristics than benign ones. Singh et al. have found that many malignant GCTs commonly present central hypodense areas consistent with necrosis or cystic changes in CT [11]. However, benign lesions are lack of typical diagnostic imaging features indicating GCT. Chest X-ray, ultrasound, cardiac CT of this boy did not show characteristic signs; moreover, the clear boundary identified by different imaging modalities was not consistent with the invaded pattern observed during the surgery.

For soft-tissue GCTs, preoperative Magnetic Resonance Imaging (MRI) is recommended as its excellent differential capability of soft tissue from subcutaneous lesions [12], especially of intramuscular GCTs. T2-weighted sequences can identify a slight difference between heterogeneous tissue components and ill-defined margins, such as fat, muscle, and fibrosis/collagen, intervening in the tumor cells [13]. Peripheral high intensity is another highly specific features of GCTs from intramuscular origin [12,13]. However, this case did not go through an MRI scan before surgery, and the results missed by CT scan and ultrasound may be caught up by MRI. Therefore, MRI is suggested to be the essential radiological modality for patients with suspicious soft-tissue tumors. Furthermore, MRI is a nonradiative tool with high spatial resolution, which is much safer than other modalities for children.

CONCLUSION

We report this case to describe the clinical manifestation of paediatric intramuscular GCT, which has not been reported by the previous literature. As its unique location mimicking the subcutaneous lesions and asymptomatic performance, it increases the diagnostic challenges. It needs to be differentiated from lymphadenectasis, lymphadenectasis, and fibroma. MRI is helpful in making the diagnosis combined with other multiple approaches, such as a physical exam, ultrasound, and enhance- contrast CT. Soft-tissue GCT has the infiltrating pathological feature and tends to be more aggressive than other types of GCTs despite the benign behavior at the first diagnosis. Thus, the close follow-up for a long time is recommended for a benign intramuscular GCT. Pediatric intramuscular GCT is poorly understood, and further cohort studies are needed.

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All authors listed on the manuscript have approved the submission of this study. They took full responsibility for the whole study period. Xiong Yongqiang wrote the draft of the manuscript. Zhou Xiang and Wei Qiang followed up the patient clinically. Zhang Xiaodong collected relevant imaging data and pathological data. Jia Xinjian revised the manuscript.

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ETHICS APPROVAL AND CONSENT

The authors declared that we had obtained the written consent from the parents of the patient for publication of the related clinical data.

DECLARATION OF CONFLICTING INTERESTS

The author(s) declared no potential conflicts of interest concerning the research, authorship, and publication of this article.

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