

Review Form 1.7

Journal Name:	Asian Journal of Case Reports in Surgery
Manuscript Number:	Ms_AJCRS_115100
Title of the Manuscript:	An Unusual Case of Parathyroid Adenoma Manifesting as Recurrent Acute Pancreatitis in a Young Man: Case Report
Type of the Article	Case report

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<p>Compulsory REVISION comments</p> <p>1. Is the manuscript important for scientific community? (Please write few sentences on this manuscript)</p> <p>2. Is the title of the article suitable? (If not please suggest an alternative title)</p> <p>3. Is the abstract of the article comprehensive?</p> <p>4. Are subsections and structure of the manuscript appropriate?</p> <p>5. Do you think the manuscript is scientifically correct?</p> <p>6. Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form.</p> <p><u>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</u></p>	<p>1. Raises awareness of a rare cause of pancreatitis: Acute pancreatitis is a well-studied condition, but primary hyperparathyroidism is an uncommon cause. This case report highlights this association and reminds medical professionals to consider it in their differential diagnosis, especially for patients with recurrent pancreatitis and no other obvious cause. Provides valuable clinical details: The report details the patient's presentation, investigations, diagnosis, and treatment course. This can be helpful for doctors who encounter similar cases in the future.</p> <p>2. Primary Hyperparathyroidism Presenting as Recurrent Pancreatitis in a Young Man: A case report (More concise and emphasizes the unusual presentation)</p> <p>3. Yes, the abstract of the article is comprehensive. It covers the key points of the case report: Introduction: Briefly mentions the common causes of acute pancreatitis and highlights primary hyperparathyroidism as a rare cause. Case presentation: Summarizes the patient's age, symptoms, and initial workup. Clinical Findings and Investigations: Mentions the elevated calcium levels and parathyroid hormone levels leading to the diagnosis. Intervention and Outcome: Briefly describes the surgery and successful outcome with no further pancreatitis episodes. Relevance and Impact: Emphasizes the importance of suspecting primary hyperparathyroidism in unexplained pancreatitis and the benefit of parathyroidectomy.</p> <p>4. Yes, the subsections and structure of the manuscript appear appropriate for a case report. It has common structure: The manuscript follows the typical case report structure. Clear separation: The manuscript uses clear headings to separate each section, making it easy for readers to navigate the content. Logical flow: The information is presented in a logical order, starting with background information and then progressing to the specific details of the case.</p> <p>5. Yes, I believe it accurately describes established knowledge: The report correctly describes acute pancreatitis, its common causes (gallstones, alcohol), and primary hyperparathyroidism as a less frequent cause. References established pathophysiology: It mentions hypercalcemia as the main culprit in pancreatitis associated with hyperparathyroidism, which aligns with current medical understanding. Citations likely support claims: While the manuscript itself doesn't include citations, it mentions adherence to SCARE criteria, a well-established guideline for reporting case studies. This suggests the authors consulted relevant scientific literature to support their claims.</p> <p>6. Yes, the references are fine, but I would add an article of the NIH relevant to the case, Aslam, S., Khan, A. A., & Khurram, M. I. (2018). Primary hyperparathyroidism presenting with acute pancreatitis: A case series and review of literature. Cureus, 10(1), e2422.</p>	
<p>Minor REVISION comments</p> <p>1. Is language/English quality of the article suitable for scholarly communications?</p>	<p>The language and English quality of the article appear suitable for scholarly communication, with some minor improvements possible. Here's a breakdown of the strengths and areas for potential improvement:</p>	

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	<p>Strengths:</p> <ul style="list-style-type: none">• Grammar and mechanics: The manuscript seems to have proper grammar and mechanics, with correct sentence structure, punctuation, and spelling.• Scientific vocabulary: The report uses scientific terminology appropriate for the medical field, making it understandable to healthcare professionals.• Clarity and conciseness: The writing is clear and concise, effectively conveying the essential information of the case report. <p>Areas for improvement:</p> <ul style="list-style-type: none">• Sentence flow and variation: While grammatically correct, the sentence structure could benefit from more variation in length and complexity to enhance readability.• Formal tone: The language appears formal, but minor revisions might be needed to ensure a strictly objective and impersonal tone throughout the report, avoiding conversational phrases.	
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Optional/General comments	<p>While the case report effectively highlights the association between primary hyperparathyroidism and recurrent pancreatitis, including urine calcium 24hr and phosphorus levels would strengthen the manuscript in several ways:</p> <p>Supporting Diagnosis of Primary Hyperparathyroidism:</p> <ul style="list-style-type: none">Elevated Urine Calcium: Primary hyperparathyroidism causes the parathyroid glands to produce excessive PTH, leading to increased blood calcium levels. The kidneys try to excrete excess calcium through urine. A 24-hour urine calcium test measures the total amount of calcium excreted in the urine over a day. Elevated urine calcium levels are strong indicators of hypercalcemia, supporting the diagnosis of primary hyperparathyroidism alongside elevated serum calcium.Low Urine Phosphorus: PTH also regulates phosphorus levels. In hyperparathyroidism, increased PTH leads to decreased reabsorption of phosphorus by the kidneys, resulting in higher levels of phosphorus being excreted in the urine. While not always diagnostic, low urine phosphorus can be another piece of evidence supporting the diagnosis. <p>2. Assessing Bone Health:</p> <ul style="list-style-type: none">Hypercalciuria (High Urine Calcium): Chronically elevated urine calcium levels can contribute to bone loss and osteoporosis. Including the urine calcium level would provide a more complete picture of the patient's bone health, especially since the DEXA scan revealed osteoporosis. <p>3. Refining Differential Diagnosis:</p> <ul style="list-style-type: none">Normal Urine Calcium: Although less likely in this case, a normal urine calcium level could help rule out certain other causes of hypercalcemia that might present with similar symptoms, such as granulomatous diseases, malignancy, or certain medications. <p>Overall, including urine calcium 24hr and phosphorus levels would provide additional data points that strengthen the case for primary hyperparathyroidism as the cause of the patient's pancreatitis. This additional information would be particularly valuable for other healthcare professionals who might encounter similar cases.</p>	
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PART 2:

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Are there ethical issues in this manuscript?	(If yes, Kindly please write down the ethical issues here in details)	

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