Review Form 1.6

Journal Name:	**Journal of Pharmaceutical Research International**
Manuscript Number:	**Ms_JPRI_71279**
Title of the Manuscript:	**ADRENAL PHEOCHROMOCYTOMA: A CASE REPORT**
Type of the Article	**Case report**

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty'**, provided the manuscript is scientifically robust and technically sound.
To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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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)*
Compulsory REVISION comments	In this case report a pheocromocytoma in a young male is presented. Early diagnosis and management of this disease are of utmost importance, nevertheless this report lacks of some significant details to add any new contribution in the field. The growing interest in pheochromocytoma is even due to the possible association with other malignancies, as acknowledged in a recent paper that is worth citing (doi: 10.3390/cancers13225831) and new techniques and therapies are under evaluation, to improve characterization and treatments as described in the following paper (doi: 10.3390/jcm10010088 and 10.3390/app11209666), which could be usefully cited in discussion. In the abstract it is stated that "Pheochromocytoma is a rare catecholamine secreting tumour originating usually from adrenal medulla", but pheocromocytoma always originates from adrenal medulla, otherwise it is called paraganglioma; please correct. The first clinical approach only included CT scan? No biochemical tests were performed? Please specify the diameters of the lesion at the first CT scan. Cromogranin A is a marker with low specificity and sensibility, so its usefulness as diagnostic tool for pheocromocytoma is extremely low. Furthermore, it is not a very reliable marker for neuroendocrine tumors, and the NCCN guidelines do not suggest its use. Before surgery were MIBG scintigraphy, 18FDG PET scintigraphy or any total body examination performed? The adrenal lesion was large and consequently there was the suspicion of malignancy. Patients should undergo genetical tests, were they performed? Was the PASS score evaluated at histological examination? It is important to evaluate aggressiveness. Up to 40% of patients with pheochromocytoma and paraganglioma carry germline mutations in one of the twenty-five known susceptibility genes (doi:10.1097/HJH.0000000000002438) and at least 10% of phaeochromocytomas and paragangliomas are malignant, although rates of malignancy differ according to the hereditary background (doi: 10.1530/EJE-16-0033). Furthermore, clinical history in familial forms of pheocromocytoma may be different as reported in this paper (doi 10.3390/jcm9020588).	
Minor REVISION comments	Grammar and typographical errors, including punctuation errors should be corrected. I suggest to use hypertension as a keyword instead of computer tomography. The use of capital letter in "Pheocromocytoma" within the whole text is unnecessary. The use of capital letters should be revised throughout the text. Specify the acronyms USG and KUB, correct laparascopic into laparoscopic. Please specify where Amravati is located.	
Optional/General comments		

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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)*	

Reviewer Details:

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