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REVIEWER'S REPORT

Manuscript No.: IJAR- 50842 Date: 29/03/2025

Title: "Hypercalcemia Revealing Isolated Renal Sarcoidosis"

Recommendation:
✓ Accept as it is .....
Accept after minor revision.....
Accept after major revision .....
Do not accept (*Reasons below*) .....

Rating	Excel.	Good	Fair	Poor
Originality		✓		
Techn. Quality	✓			
Clarity		✓		
Significance		✓		

Reviewer Name: Dr. S. K. Nath Date: 29/03/2025

Reviewer's Comment for Publication:
This research paper effectively presents a rare case of isolated renal sarcoidosis revealed by hypercalcemia. The strength of the study lies in its meticulous diagnostic approach, clear discussion, and well-documented management strategy. However, its impact is limited by the single-case design and lack of long-term follow-up. The study underscores the importance of renal biopsy in unexplained kidney failure with hypercalcemia and highlights corticosteroid therapy as the primary treatment. Future studies involving more cases and longer follow-up would provide a more comprehensive understanding of this condition.

Reviewer's Comment / Report

Strengths:

1. **Rare Case Presentation:** The study effectively highlights an uncommon manifestation of sarcoidosis, which is typically a multisystem disease but in this case presents as isolated renal involvement. It adds value to existing medical literature by showcasing a rare occurrence of granulomatous interstitial nephritis in sarcoidosis without systemic involvement.

2. **Thorough Diagnostic Approach:** The research follows a detailed diagnostic process, including clinical evaluation, laboratory tests, renal biopsy, and imaging. It systematically eliminates other possible causes of hypercalcemia and kidney failure, increasing the credibility of the diagnosis.

3. **Well-Structured Discussion:** The discussion effectively compares the case with previous literature and highlights the rarity of isolated renal sarcoidosis. It provides insight into the pathophysiology of hypercalcemia in sarcoidosis, linking it to increased calcitriol production.

4. **Clear Treatment and Follow-Up:** The paper describes an appropriate and well-managed treatment approach, including corticosteroid therapy and calcium metabolism correction. The follow-up results demonstrate clinical improvement, reinforcing the effectiveness of the chosen therapeutic strategy.

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Weaknesses:

1. **Limited Sample Size:** The study is based on a single case report, which limits the generalizability of the findings. A larger case series or comparative study could have provided stronger conclusions.

2. **Lack of Long-Term Follow-Up:** While short-term improvement is documented, the paper does not discuss long-term patient outcomes, which are crucial for understanding disease progression and recurrence.

3. **Minimal Discussion on Differential Diagnoses:** Although the authors ruled out tuberculosis and other potential causes, a more detailed comparison with other granulomatous diseases affecting the kidney could strengthen the diagnostic reasoning.

4. **Absence of Novel Therapeutic Insights:** The treatment approach follows the conventional corticosteroid therapy but does not explore alternative or adjunct therapies in depth.