



REVIEWER'S REPORT

Manuscript No.: IJAR-50842

Date: 01-04-2025

Title: Hypercalcemia Revealing Isolated Renal Sarcoidosis

Recommendation:

- Accept as it is.....**YES**.....
- Accept after minor revision.....
- Accept after major revision
- Do not accept (*Reasons below*)

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

Reviewer's Name: Dr Aamina

Reviewer's Decision about Paper: **Recommended for Publication.**

Comments (*Use additional pages, if required*)

Reviewer's Comment / Report

Abstract Review: The abstract presents a well-organized and concise summary of the case study involving a 56-year-old patient with isolated renal sarcoidosis. The description of the clinical presentation, diagnostic process, and treatment course is clear and appropriately detailed. The key clinical elements—hypercalcemia, unexplained renal failure, leukocyturia, and minimal proteinuria—are highlighted effectively to present the unique nature of this case. Additionally, the mention of the renal biopsy revealing granulomatous interstitial nephritis, along with the favorable outcome post-treatment, provides essential context for understanding the patient's progress and recovery.

The keywords selected—*Isolated Renal Sarcoidosis, Granulomatous Interstitial Nephritis, Hypercalcemia*—accurately reflect the focus of the case and are appropriate for the scope of the article.

Strengths:

1. **Clear and Concise Presentation:** The abstract is well-structured, offering a clear synopsis of the case, the diagnostic approach, and the treatment outcome.
2. **Focus on Key Clinical Findings:** The abstract effectively highlights the essential clinical features, including the patient's renal failure, hypercalcemia, and the final diagnosis of isolated renal sarcoidosis.

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Areas for Consideration:

1. **In-depth Mechanisms or Pathophysiology:** The abstract could briefly mention the pathophysiology or underlying mechanisms of renal sarcoidosis and hypercalcemia to provide more insight into the disease process for readers unfamiliar with this condition.
2. **Explicit Mention of Treatment Details:** Although the abstract states that the patient was treated with corticosteroids and symptomatic management, a more specific mention of the treatment regimen or dosage would provide additional depth.

Introduction Review: The introduction clearly defines sarcoidosis as a multisystem granulomatous disease and provides a brief overview of its rare renal involvement. By establishing that renal failure occurs in only a small percentage of sarcoidosis patients, the introduction effectively contextualizes the rarity of the case being presented. The reference to the patient's symptoms and diagnosis helps to create a strong foundation for the case report.

Strengths:

1. **Well-Defined Context for Case Report:** The introduction offers an excellent foundation, explaining the rare nature of renal sarcoidosis and the unusual presentation of the patient with hypercalcemia and kidney failure.
2. **Concise and Focused Overview:** The introduction is brief yet informative, clearly outlining the clinical context and relevance of the case study.

Areas for Consideration:

1. **More on the Epidemiology of Renal Sarcoidosis:** The introduction could benefit from a slightly more detailed discussion of the epidemiology of renal sarcoidosis. Including information on how frequently this condition is diagnosed in patients with sarcoidosis or offering additional background on the clinical spectrum of the disease would provide more depth.
2. **Clarification of Case Report Focus:** While the introduction defines sarcoidosis and briefly mentions the case, it could explicitly highlight the unique features of this case compared to other similar presentations, which would help frame the significance of the report.

Case Report Review: The case report is presented clearly, detailing the patient's medical history, clinical presentation, and diagnostic workup. The sequence of tests and imaging studies is thoroughly described, allowing for a clear understanding of the diagnostic process. The renal biopsy findings, which are critical to the diagnosis, are appropriately highlighted, and the imaging results corroborate the absence of other organ involvement. The final treatment course, including corticosteroid therapy and the management of hypercalcemia, is discussed, with the report ending on a positive note regarding the patient's outcome.

Strengths:

1. **Clear Step-by-Step Reporting:** The case is well-documented, with clear chronological order in the presentation of the patient's clinical progress.
2. **Comprehensive Diagnostic Approach:** The report covers all necessary diagnostic tests, including blood work, imaging, and biopsy, making it easy for readers to understand the diagnostic journey and final conclusions.

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3. **Emphasis on Granulomatous Nephritis:** The description of the renal biopsy findings (granulomatous interstitial nephritis with no caseous necrosis) is key to the case's presentation and is explained clearly.

Areas for Consideration:

1. **Greater Detail on Treatment Course:** While corticosteroid therapy and management of hypercalcemia are mentioned, further details regarding the specifics of treatment—such as dosages, duration, or any complications during therapy—could provide more insight into the management of this rare condition.
2. **Discussion of Prognosis:** While the case ends with a favorable outcome, a brief mention of the long-term prognosis for patients with isolated renal sarcoidosis, especially with treatment, would enhance the clinical relevance of the report.

Overall Summary: The case report is well-organized, thoroughly detailed, and clearly presented. The introduction and abstract effectively set the stage for the case, which is then supported by a systematic presentation of the patient's clinical history, diagnostic results, and treatment course. The report successfully documents a rare case of isolated renal sarcoidosis presenting with hypercalcemia, and the inclusion of key diagnostic findings, such as the renal biopsy, strengthens the overall presentation.

The strengths of the report lie in the clarity and structure, as well as the comprehensive diagnostic workup and the effective management strategy. The case study serves as a useful reference for clinicians encountering similar cases of renal involvement in sarcoidosis. To further enhance the report, additional details regarding the treatment protocol and the long-term outlook for the patient would be beneficial. Overall, the report is an important contribution to the literature on renal sarcoidosis and offers valuable insights into the management of this rare manifestation.
