ISSN: 2320-5407



**International Journal of Advanced Research** 

Publisher's Name: Jana Publication and Research LLP

www.journalijar.com

### **REVIEWER'S REPORT**

Manuscript No.: IJAR- 51699

Date: 17/05/2025

Title: A CASE REPORT OF CALCINEURIN INHIBITOR RENAL TUBULOPATHY

Recommendation:	Rating	Excel.	Good	Fair	Poor
✓Accept as it is	Originality		~		
Accept after minor revision Accept after major revision	Techn. Quality		$\checkmark$		
Do not accept ( <i>Reasons below</i> )	Clarity		$\checkmark$		
	Significance	$\checkmark$			

Reviewer Name: Dr. S. K. Nath

Date: 17/05/2025

## **Reviewer's Comment for Publication:**

The case report effectively illustrates the pathological features and clinical implications of calcineurin inhibitorinduced tubulopathy in a renal transplant recipient. It underscores the importance of renal biopsy for accurate diagnosis and suggests that dose reduction or switching medications can potentially reverse or mitigate kidney damage. However, further studies with larger sample sizes and long-term follow-up are necessary to develop definitive management guidelines and better understand the prognosis.

# **Reviewer's Comment / Report**

## Strengths:

- 1. **Comprehensive Case Presentation:** The paper provides detailed clinical, biochemical, ultrasonographic, and histopathological data of the patient, offering a thorough understanding of calcineurin inhibitor (CNI) nephrotoxicity.
- 2. Clear Diagnostic Framework: It emphasizes the importance of renal biopsy in diagnosing CNI-induced tubulopathy, with specific histopathological features described.
- 3. **Insight into Pathophysiology:** The discussion accurately details the mechanisms of acute and chronic CNI nephrotoxicity, enhancing understanding for clinicians.
- 4. **Relevance and Practical Implications:** The paper highlights potential management strategies, like adjusting or switching immunosuppressants, which are pertinent in clinical settings.

## Weaknesses:

- 1. Limited Scope: As a single case report, findings may not be generalizable to all transplant patients; broader studies are needed.
- 2. Lack of Long-term Follow-up: The paper does not provide information on the patient's ongoing management or long-term outcomes after dose adjustment.
- 3. Absence of Quantitative Data: While biopsy features are described qualitively, quantitative assessments (such as grading of damage) are minimal.
- 4. Limited Literature Review: The discussion is concise but could benefit from a more extensive comparison with existing literature on CNI nephrotoxicity.