



### REVIEWER'S REPORT

Manuscript No.: IJAR-51699

Date: 20-05-2025

**Title: A CASE REPORT OF CALCINEURIN INHIBITOR RENAL TUBULOPATHY**

**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*

**General Overview:**

This case report presents a clinically relevant and timely discussion on calcineurin inhibitor (CNI) tubulopathy in a renal transplant recipient. It effectively highlights the diagnostic process, histopathological findings, and clinical context of CNI-related nephrotoxicity. The report focuses on delayed graft dysfunction, a common and challenging complication in transplant medicine, thereby offering valuable insights into the manifestation and diagnosis of CNI-induced renal injury.

**Abstract:**

The abstract succinctly outlines the case, including the pathophysiological basis of CNI tubulopathy, the clinical scenario, and the diagnostic strategy involving kidney biopsy. It introduces the reader to the essential aspects of the case without overcomplicating technical details, making it suitable for a broad medical audience. The content is coherent and appropriately focused on the central theme of the case.

**Keywords:**

The keywords are concise and appropriately selected. They encapsulate the key elements of the report—drug type (calcineurin inhibitor), affected organ (kidney), and clinical context (transplant).

## REVIEWER'S REPORT

**Introduction:**

The introduction effectively sets the stage by discussing the significance of CNIs in transplant immunosuppression and their nephrotoxic potential. It briefly references the origin and pharmacological role of cyclosporine and tacrolimus, providing foundational background for readers. The differentiation between acute and chronic toxicity is clearly stated, emphasizing the clinical relevance of early detection and reversibility.

**Case Presentation:**

The case is well-documented with essential clinical details, including patient demographics, immunosuppressive regimen, and relevant laboratory findings. The inclusion of urine output, biochemical parameters, and imaging studies provides a comprehensive clinical snapshot. The description of the biopsy procedure and histopathological features is thorough and clearly presented, including both macroscopic and microscopic findings.

The microscopic findings are appropriately detailed and align with the known pathological features of CNI toxicity. Specific histological features such as cytoplasmic vacuolization, tubular epithelial simplification, and sloughing are well-described and illustrated with references to figure images, enhancing diagnostic clarity.

**Histopathology and Interpretation:**

The histopathological section provides valuable diagnostic criteria for CNI tubulopathy, focusing on tubular injury, vacuolization, and absence of significant glomerular or vascular rejection features. The classification elements (g-0, i-0, ptc-0) are clearly documented and support the diagnosis of isolated tubular toxicity.

**Language and Structure:**

The manuscript is written in clear, concise language appropriate for medical readership. The structure is logical and coherent, with a natural flow from introduction through case description to findings. Terminology is accurate, and technical jargon is balanced with clinical clarity.

**Conclusion (Implicit):**

While an explicit conclusion is not included in the excerpt, the case implicitly emphasizes the need for early histological evaluation in transplant patients with graft dysfunction and supports the consideration of CNI toxicity in the differential diagnosis. The findings also underscore the importance of dose adjustment or therapeutic modification based on biopsy results.

**Overall Assessment:**

This case report provides a clinically significant example of CNI-induced tubulopathy supported by histological evidence. It contributes valuable documentation to the literature on transplant nephrology and offers practical insights for clinicians managing post-transplant complications. The manuscript is appropriately focused, technically sound, and well-structured for publication in a medical or nephrology journal.