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REVIEWER'S REPORT

Manuscript No.: IJAR-51732 Date: 21-05-2025

Title: Mucocele with Allergic Fungal Rhinosinusitis - A Rare Presentation

Recommendation:	Rating	Excel.	Good	Fair	Poor
Accept as it is	Originality				
	Techn. Quality		$\sqrt{}$		
	Clarity			V	
	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:

The manuscript presents a well-documented case report on the rare co-occurrence of a mucocele with Allergic Fungal Rhinosinusitis (AFRS). While AFRS is a commonly encountered entity in otorhinolaryngology, its presentation with mucocele formation—particularly with intracranial extension—is a unique clinical occurrence that adds valuable insight to the existing literature. The authors provide clear clinical, radiological, and descriptive information that enhances the academic and practical relevance of this case.

Abstract:

The abstract is concise and effectively outlines the key components of the report: the rarity of the presentation, the clinical background, and the focus on diagnostic findings. It emphasizes the unique nature of the case and introduces the reader to the clinical challenge addressed in the manuscript.

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Keywords:

The keywords are appropriate and relevant, aiding in the discoverability of the article within the context of otorhinolaryngologic and radiologic literature.

Introduction:

The introduction establishes a clear background regarding AFRS, its typical manifestations, and common complications such as expansion into orbital or intracranial compartments. It accurately underscores the rarity of mucocele formation in AFRS, making the rationale for the case report well justified. The literature references help ground the clinical discussion in established research and provide a logical framework for the report.

Case Report:

The case presentation is systematic and well-structured. The clinical history, symptom progression, and examination findings are described with clarity. The diagnostic workup using CT and MRI imaging is effectively explained, and the inclusion of the characteristic "double densities" and eroded posterior sinus table contributes to the diagnostic depth of the report.

The radiological description is supported by figure references which are essential for visual confirmation and academic thoroughness. The identification of an extradural mucocele and its anatomical extension are presented with precise terminology, enhancing the clinical value for readers.

Scientific and Clinical Relevance:

This case report holds significant relevance for clinicians managing chronic rhinosinusitis and AFRS, especially in scenarios with unusual or progressive symptoms such as proptosis or suspected intracranial involvement. The report serves as a critical reminder of the variable presentation spectrum of AFRS and the importance of high-resolution imaging in atypical cases.

Presentation and Structure:

The manuscript is organized logically and maintains a coherent flow. The language is professional and suitably technical for a medical readership. Clinical descriptions are accurate and sufficiently detailed. The use of imaging descriptions and terminology reflects an appropriate level of expertise.

Conclusion (Implied):

Although a formal conclusion section is not present, the discussion implies the necessity for awareness of such rare complications in AFRS, emphasizing the importance of early imaging and intervention. The manuscript implicitly suggests vigilance in identifying mucocele formation in patients with atypical or severe presentations of AFRS.

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Final Assessment:

This manuscript represents a valuable contribution to clinical literature, documenting a rare yet significant variant of a common otorhinolaryngological condition. It demonstrates appropriate diagnostic acumen, detailed case analysis, and a strong foundation in radiologic and clinical correlation. The presentation is academically rigorous and clinically informative.