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REVIEWER'S REPORT

Manuscript No.: IJAR-51808 Date: 24-05-2025

Title: Partial Congenital Arhinia: A Case Report

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*)
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Reviewer's Comment / Report

1. Relevance and Significance
This case report presents a clinically and academically significant instance of partial congenital arhinia—a rare craniofacial anomaly. The case's importance is amplified by its documentation in a low-resource setting, where diagnostic and therapeutic options may be limited. It contributes valuable insight to the very limited body of literature on this condition and is relevant to neonatologists, obstetricians, radiologists, and pediatric surgeons.

2. Abstract Evaluation
The abstract effectively summarizes the case background, objective, clinical findings, and conclusion. It successfully sets the stage for the importance of prenatal diagnostics, early intervention, and health system awareness in rare congenital anomalies. The structure is appropriate, and the content aligns well with standard medical reporting.

3. Introduction
The introduction provides a concise yet informative overview of congenital arhinia, establishing its rarity

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and associated complications. It cites relevant literature to contextualize the anomaly, distinguishing between partial and complete forms and their implications. The focus on its potential lethality and the need for specialized care enhances the reader's understanding of the case's gravity.

4. Case Presentation
The case is presented clearly, detailing maternal history, lack of prenatal care, fetal anomalies identified through ultrasound, and the neonate's condition at birth. The association with other anomalies such as microcephaly, microphthalmia, and ventriculomegaly adds clinical depth and aligns with known presentations of midline developmental disorders. The account of rapid neonatal demise underscores the severity and urgency associated with such cases.

5. Clinical and Diagnostic Considerations
The report appropriately addresses the diagnostic challenges, particularly in the context of late presentation and lack of prenatal follow-up. The description of sonographic findings and their correlation with postnatal observations is well-aligned. The case reinforces the importance of prenatal screening and highlights potential limitations in its accessibility.

6. Language and Clarity
The manuscript is well-written with clear, professional language and coherent flow. Medical terminology is used correctly, and the structure supports logical progression from background through conclusion. The writing is both technically sound and accessible to a broad medical readership.

7. Ethical and Social Considerations
While not explicitly stated, the case implicitly raises important ethical and healthcare equity concerns regarding prenatal care access and resource constraints in developing countries. These themes are pertinent to global health discourse and broaden the case's relevance.

Overall Assessment
This case report is a well-documented and significant contribution to the limited literature on partial congenital arhinia. It offers clear clinical documentation, highlights diagnostic limitations, and underscores the importance of comprehensive prenatal care, particularly in resource-limited settings. The case is compelling, informative, and holds considerable value for both clinical practice and academic reference.