

REVIEWER'S REPORT

Manuscript No.: IJAR-51840

Date: 26-05-2025

Title: Pleural Effusion: A Rationale Approach to Diagnosis and Management.

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

The title clearly communicates the focus of the study on pleural effusion, emphasizing both diagnostic and management strategies in a rational, systematic manner.

Abstract:

The abstract provides a comprehensive overview of the study, including the background, objectives, methodology, results, discussion points, and conclusion. It concisely summarizes key findings, such as demographic characteristics, common symptoms, etiologies, and diagnostic/therapeutic interventions. The inclusion of diagnostic yield improvement with specific techniques adds valuable detail.

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Keywords:

While not explicitly stated in the provided text, relevant keywords would likely include pleural effusion, diagnosis, management, thoracoscopy, biopsy, and tuberculosis.

Introduction/Background:

The background establishes the clinical importance of pleural effusion as a common disorder with varied etiologies. It underscores the need for comprehensive diagnostic evaluation, including fluid analysis and biopsy, highlighting established diagnostic criteria such as Light's criteria.

Methods and Results:

The study includes 103 cases, a reasonable sample size for descriptive clinical research. Patient demographics, symptom prevalence, and etiological distribution are clearly reported. The use of multiple diagnostic and therapeutic interventions (pleurocentesis, intercostal drain, fibrinolytic therapy, thoracoscopy, bronchoscopy) reflects contemporary clinical practice. The reported diagnostic yield improvements with thoracoscopy and fiberoptic bronchoscopy are valuable findings that support the utility of advanced diagnostic modalities.

Discussion:

The discussion effectively contextualizes clinical and radiological assessment as initial tools for detection. It compares biopsy methods, highlighting the advantages of image-guided and minimally invasive procedures over traditional techniques. The emphasis on safety, cost-effectiveness, and accessibility of ultrasound-guided interventions is particularly relevant in resource-limited settings.

Conclusion:

The conclusion succinctly summarizes the key messages, emphasizing the diversity of pleural effusion etiologies and the need for individualized diagnostic and management strategies that balance efficacy, patient comfort, and resource availability. The recommendation for repeat examination in undiagnosed cases reflects good clinical prudence.

Writing and Presentation:

The manuscript is clearly written and well-structured. Medical terminology is appropriately used,

International Journal of Advanced Research

Publisher's Name: Jana Publication and Research LLP

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and clinical data are presented logically. Minor typographical inconsistencies do not detract from overall readability.

Scientific and Clinical Contribution:

The study contributes meaningful clinical data regarding pleural effusion presentations and management in a middle-aged, predominantly male population. It reinforces current best practices for diagnosis and treatment and provides evidence supporting the use of newer, less invasive diagnostic tools.

Overall Impression:

This manuscript presents a thorough and clinically relevant examination of pleural effusion diagnosis and management. It offers useful insights into procedural choices and highlights practical considerations for clinicians, particularly in settings where access to advanced imaging or surgical options may be limited. The work stands as a valuable resource for pulmonologists and general physicians managing pleural diseases.
