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## **REVIEWER'S REPORT**

Manuscript No.: IJAR- 51871

Date: 26/05/2025

**Title:** Unusual Cause of Bowel Obstruction in a Child with Cystic Fibrosis: A Case Report and Review of Distal Intestinal Obstruction Syndrome (DIOS)

Recommendation:	Rating	Excel.	Good	Fair	Poor
✓Accept as it is	Originality		$\checkmark$		
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: 27/05/2025

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

This paper effectively highlights DIOS as an important gastrointestinal complication in cystic fibrosis patients, especially in young children. It underscores the importance of early recognition and conservative management with enemas like Gastrografin to avoid surgical intervention, which is associated with higher morbidity. While limited by its case-report nature, the article contributes valuable clinical insights and aligns well with existing guidelines, reinforcing that prompt medical management can effectively resolve DIOS in most cases.

# **Reviewer's Comment / Report**

#### Strengths:

- **Comprehensive Case Presentation:** The paper offers a detailed clinical description of a 15-month-old patient, including history, examination, radiology, intervention, and outcome, which enhances understanding of DIOS presentation in young children with CF.
- Clear Explanation of Pathophysiology: It effectively explains the underlying mechanisms of DIOS, emphasizing the role of thick sticky mucus and its adherence to the intestinal wall.
- **Discussion of Management Strategies:** It emphasizes conservative management approaches such as gastrografin enemas and highlights their effectiveness, supporting the preference for non-surgical treatment.
- Literature Support: Multiple references and guidelines (like ESPGHAN) support the discussion, adding scientific credibility.

## Weaknesses:

- Limited Sample Size: As a case report, the findings are based on a single patient, limiting generalizability.
- Lack of Quantitative Data: The paper does not provide statistical analysis or broader epidemiological data beyond referenced incidence rates, which could strengthen the argument.
- Limited Discussion on Long-term Follow-up: The paper focuses on immediate management and outcomes but does not elaborate on long-term prognosis or recurrence prevention.
- Absence of Imagery Clarification: The figures referenced (X-ray images and enema images) are not included in the provided excerpt, which could enhance understanding if available.