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REVIEWER'S REPORT

Manuscript No.: IJAR-51871 Date: 28-05-2025

Title: AN UNUSUAL CAUSE OF BOWEL OBSTRUCTION

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

Abstract Review:

The abstract succinctly outlines the clinical context, case details, and the underlying pathophysiology of distal intestinal obstruction syndrome (DIOS) in cystic fibrosis (CF). The background effectively frames the rarity of acute intestinal obstruction in CF beyond the neonatal period, particularly in association with pancreatic insufficiency and a history of meconium ileus. The case presentation is clearly described, including the patient's clinical symptoms, examination findings, diagnostic imaging, and therapeutic interventions. The outcome is explicitly stated, with successful resolution following repeated Gastrografin enemas.

The conclusion reinforces the clinical relevance of DIOS in CF, highlighting its pathogenesis involving inspissated fecal matter and thick mucosal secretions. The role of medical management as the primary treatment modality is clearly stated, along with the reserved role of surgical intervention. The keywords are well-chosen and reflect the central themes of the case.

Introduction Review:

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The introduction provides a clear and accurate description of cystic fibrosis, emphasizing its systemic nature and genetic basis. The explanation of the gastrointestinal manifestations, including meconium ileus, DIOS, and constipation, is well-integrated. The text clearly links these manifestations to the altered viscosity of intestinal mucus and prolonged transit time. The definition of DIOS is concise and contextualized within the broader spectrum of CF-associated gastrointestinal complications.

The language is formal, coherent, and appropriate for a clinical case report. The flow of information from general background to specific case relevance is logical and easy to follow. The terminology used is medically precise and accessible to healthcare professionals familiar with CF.

The report effectively integrates clinical observation with pathophysiological insight, making it a valuable contribution to case-based literature in pediatric gastroenterology and CF management.