

REVIEWER'S REPORT

Manuscript No.: IJAR-51993

Date: 31-05-2025

Title: Preoperative Marking of a Parathyroid Adenoma : A Case Report with Literature Review ☐

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

General Overview

The manuscript presents a case report of a 39-year-old female patient with primary hyperparathyroidism, highlighting the diagnostic and preoperative evaluation pathway. The case is contextualized within the increasing prevalence of the disease and underlines the importance of interdisciplinary collaboration between endocrinologists and surgeons. The structure of the paper is clear, and the clinical narrative is coherent and informative.

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Introduction Section

The introduction provides a concise backdrop regarding the rising incidence of primary hyperparathyroidism and its implications for clinical management. It effectively sets the stage for the case report by emphasizing the need for accurate detection and effective preoperative planning. The rationale for presenting the case is well established, linking it to broader clinical trends and the value of interdisciplinary approaches.

Case Presentation

The case is described in a detailed and logical manner. Key clinical findings and relevant patient history, including prior treatment for breast cancer and familial predisposition to hypertension, are appropriately documented. The chronology of symptoms, from joint pain to the eventual diagnosis of hyperparathyroidism, is clearly outlined.

The systematic approach to ruling out emergency conditions (e.g., hypercalcemic crisis, cardiovascular instability, pancreatitis) is thorough and well-documented. The use of serial corrected serum calcium values demonstrates diligence in confirming the biochemical diagnosis.

Diagnostic Workup

The diagnostic process is methodical and conforms to established protocols. The assessment integrates biochemical markers (elevated PTH, hypercalcemia, hypophosphatemia, calciuria) with radiological and clinical evaluations. The exclusion of secondary hyperparathyroidism based on normal renal function and vitamin D levels is appropriate.

The reporting of BMD, standard X-rays, and renal ultrasound further strengthens the systemic evaluation of the disease's impact. These aspects provide a comprehensive picture of the patient's metabolic status and help delineate the scope of organ involvement.

International Journal of Advanced Research

Publisher's Name: Jana Publication and Research LLP

www.journalijar.com

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Localization Assessment

The discussion distinguishing diagnostic assessment from preoperative localization is conceptually accurate and clinically important. The emphasis on the surgical indication guiding the localization efforts aligns with standard surgical endocrinology practice. Although imaging details are not included in this excerpt, the rationale for localization studies is logically framed.

Clinical Relevance and Academic Merit

This case offers significant academic value by illustrating a real-world diagnostic trajectory for a relatively young patient with primary hyperparathyroidism. The absence of classic symptoms despite significant biochemical derangements underscores the heterogeneity of presentation. Additionally, the patient's oncologic history adds complexity to the clinical scenario, making it a valuable contribution to literature.

Language and Structure

The language throughout the case is clear, technically sound, and adheres to medical writing norms. The segmentation of content into Introduction, Case Report, and Diagnostic Analysis aids in reader comprehension. The flow of clinical reasoning is logical and precise.

Overall Assessment:

The report is well-structured and clinically informative. It successfully highlights the diagnostic challenges and approach in primary hyperparathyroidism and illustrates the importance of coordinated preoperative planning. The case contributes meaningful insights into endocrine surgical preparation and is of relevance to both clinical practitioners and medical researchers.