

REVIEWER'S REPORT

Manuscript No.: IJAR-52380

Date: 21-06-2025

Title: PATIENT OF HOMICIDAL TRAUMA CAME WITH SHARP OBJECT IN SITU

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

General Overview:

The manuscript presents a case of a young male patient with a homicidal penetrating injury involving a retained sharp object ("in situ") in the thoracic region. The topic is clinically relevant and addresses a relatively rare but critical subset of trauma cases, offering value to emergency medicine, trauma surgery, and clinical case reporting.

Content and Clinical Relevance:

The abstract and body of the case study clearly highlight the significance of penetrating trauma with an in situ foreign body, a presentation that poses unique diagnostic and therapeutic challenges. The emphasis on the rarity, potential complications, and life-threatening nature of such cases sets the stage well for the importance of timely and careful clinical management.

International Journal of Advanced Research

Publisher's Name: Jana Publication and Research LLP

www.journalijar.com

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The introduction appropriately outlines types of chest trauma with references to ATLS (Advanced Trauma Life Support) guidelines. This contextualization provides clarity and a standardized foundation, reinforcing the need for a protocol-driven response in trauma cases.

Case Description:

The patient case is concisely described. Key clinical details such as vital signs, level of consciousness, absence of subcutaneous emphysema, equal air entry, and hemodynamic stability are adequately mentioned. The timeline from the assault to presentation is also noted, which is essential in trauma documentation.

The information provided suggests that initial management followed standard emergency protocols, including administration of fluids, analgesics, and antibiotics.

Structure and Organization:

The paper follows a logical sequence: abstract, introduction, and case presentation. The use of bullet points under "Types of Chest Injuries" and "ATLS Guidelines" is effective for clarity and quick reference. The clinical narrative is straightforward, and the key observations are laid out in a structured format.

Terminology and Clarity:

The manuscript uses accurate medical terminology relevant to chest trauma, ATLS classification, and case reporting. The clinical presentation is described in clear and unambiguous terms, making the case accessible to a multidisciplinary audience including emergency physicians, surgeons, and healthcare trainees.

Scholarly and Practical Value:

This report contributes meaningfully to clinical literature on emergency trauma cases involving foreign bodies in situ. It reinforces the importance of careful patient stabilization and evaluation before any attempt at removing the object. It also implicitly underlines the relevance of imaging, surgical planning, and interdisciplinary coordination in such cases.

Conclusion:

The manuscript offers a concise yet informative case report on a rarely encountered but medically significant presentation. It aligns with trauma care principles and emphasizes real-world application of emergency guidelines. The case enhances understanding of initial assessment and stabilization in penetrating thoracic trauma with foreign bodies in situ.