

REVIEWER'S REPORT

Manuscript No.: IJAR-52511

Date: 30-06-2025

Title: Pancreatico-pleural fistula-A rare sequelae of pancreatitis

Recommendation:

Accept as it is

Accept after minor revision.....

Accept after major revision

Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality			✓	
Techn. Quality		✓		
Clarity		✓		
Significance		✓		

Reviewer Name: Dr Aamina

Reviewer's Comment for Publication.

General Evaluation:

This case report presents a well-documented and clinically informative account of a pancreaticopleural fistula, a rare and diagnostically challenging complication of pancreatitis. The report is grounded in a clear narrative structure and contributes meaningfully to the existing literature by emphasizing the importance of multidisciplinary management and individualized care strategies.

Case Presentation and Methodology:

The case is thoroughly presented, detailing the clinical history, diagnostic findings, and therapeutic decisions. The use of CT and MRCP imaging is appropriately highlighted, and the significantly elevated amylase levels in pleural fluid serve as a strong diagnostic indicator. The surgical intervention (distal pancreateo-splenectomy) is clearly described, and the positive long-term outcome reinforces the effectiveness of the selected approach. The preoperative optimization and use of octreotide demonstrate a well-coordinated, stepwise clinical management.

Clinical Relevance and Scholarly Contribution:

The rarity of pancreaticopleural fistula, along with its tendency to mimic common thoracic conditions such as pneumonia or empyema, underlines the importance of high clinical suspicion in diagnosis. The case emphasizes the complexity of internal pancreatic fistulae and provides real-world insight into managing persistent pleural effusions that may otherwise be misdiagnosed. The discussion on recurrence, imaging modalities, and therapeutic options adds significant clinical value.

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Introduction and Literature Contextualization:

The introduction situates the case within historical and clinical context effectively. References to foundational literature from the 1960s onward offer continuity with earlier observations while reinforcing the ongoing relevance of this clinical entity. The differentiation between conservative and surgical outcomes is particularly informative, framing the clinical decision-making pathway in a broader therapeutic context.

Key Points and Keywords:

The key points are concise and highlight the diagnostic ambiguity and rarity of the condition. The keywords are appropriate and support indexing across medical literature databases.

Conclusion:

This case report offers a thoughtful, well-documented account of pancreaticopleural fistula, combining diagnostic precision, therapeutic clarity, and educational value. It adds to the understanding of complex sequelae of pancreatitis and reinforces the value of an individualized and interdisciplinary treatment strategy.