

REVIEWER'S REPORT

Manuscript No.: IJAR-52804

Date: 16-07-2025

Title: Anemia in Rheumatoid Arthritis: A Case Series Exploring Etiology, Clinical Presentation, and Management

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 Overview:

The manuscript addresses an important yet frequently underrecognized complication of rheumatoid arthritis (RA)—anemia. The prevalence of anemia in RA, its diagnostic complexity, and implications for treatment are central to this case series. The article seeks to highlight the diagnostic challenges clinicians face, especially when relying solely on red cell indices such as MCV, and underlines the importance of a systematic hematological evaluation.

Abstract Evaluation:

The abstract succinctly presents the objective, methodology, and conclusion of the study. It emphasizes the high prevalence of anemia in RA and the pitfalls of incomplete follow-up and over-reliance on MCV for diagnosis. The language, while occasionally informal or unstructured, clearly conveys the key findings. The mention of missed follow-ups and inconsistent care from peripheral doctors points toward real-world barriers in chronic disease management, especially in resource-limited settings. The conclusion—warning against relying solely on MCV—is clinically pertinent.

Introduction Assessment:

The introduction sets the stage well by positioning RA as a systemic inflammatory disorder with potential hematological consequences. It contextualizes the types of anemia associated with RA—normocytic (anemia of chronic disease) and microcytic (often iron deficiency or mixed etiology). The reference to rare occurrences like immune hemolytic anemia adds academic depth, while also demonstrating the rarity of severe hematological manifestations.

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The discussion about diagnostic ambiguity between anemia of chronic disease (ACD) and iron deficiency anemia (IDA) is a valuable contribution. The mention of bone marrow iron staining as the most reliable diagnostic marker reflects sound clinical understanding and is consistent with established hematological practice.

Scientific Rigor and Clinical Relevance:

The manuscript is grounded in practical challenges frequently encountered in rheumatology and internal medicine. It identifies gaps in follow-up care, variability in treatment, and inconsistent diagnostic approaches as factors contributing to underdiagnosis or mismanagement of anemia in RA. These observations are meaningful and reflect real clinical dilemmas.

Strengths:

- The study highlights the importance of complete hematological workup including iron studies.
 - It points out the limitations of using MCV alone to differentiate types of anemia.
 - The inclusion of bone marrow iron content as a diagnostic benchmark adds robustness.
 - The real-world observation about irregular follow-up adds contextual depth and practical relevance.
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Language and Clarity:

The manuscript, though scientifically valuable, contains some grammatical and structural inconsistencies. Nonetheless, the core message is not obscured, and the clinical insights remain clear. The tone is descriptive and informative, appropriate for a case series aiming to raise awareness and inform diagnostic reasoning.

Contribution to the Field:

The study adds value by documenting real-life diagnostic scenarios of anemia in RA, reminding clinicians to avoid oversimplified interpretations of lab results. It also draws attention to the systemic challenges in ensuring consistent patient follow-up and comprehensive evaluation in chronic disease management.

Conclusion:

This is a clinically significant manuscript that explores the intersection of rheumatology and hematology. It emphasizes the nuanced interpretation required when diagnosing anemia in RA and provides meaningful insights drawn from a series of practical cases. The discussion remains clinically grounded and relevant for general practitioners, internists, and rheumatologists alike.