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REVIEWER'S REPORT

Manuscript No.: IJAR-52946 Date: 22/07/2025

Title: "An uncommon presentation of Bartter Syndrome in an Adult: A Case Report"

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. S. K. Nath Date: 23/07/2025

Reviewer's Comment for Publication:
The case underscores the significance of clinical suspicion for Bartter syndrome in adults presenting with hypokalemia and metabolic alkalosis, especially where advanced genetic testing is unavailable. It demonstrates that timely biochemical assessment and histopathology can lead to accurate diagnosis and effective management. Recognizing late-onset variants prevents misdiagnosis and helps avoid complications like nephrocalcinosis and chronic kidney disease.

Reviewer's Comment / Report

Strengths:

1. **Novelty and Relevance:** Highlights a rare adult presentation, which is less documented, raising awareness among clinicians. Demonstrates that Bartter syndrome, usually pediatric, can manifest later in life, thus broadening diagnostic considerations.
2. **Comprehensive Clinical Detailing:** Provides detailed clinical features, including symptom progression, physical signs, and laboratory findings. Includes imaging and histopathological evidence supporting diagnosis.
3. **Diagnostic Approach in Resource-Limited Settings:** Emphasizes the reliance on clinical acumen and biochemical tests when genetic testing isn't available. This approach is highly applicable to similar healthcare environments.
4. **Treatment and Follow-up:** Details treatment involving electrolyte correction, ACE inhibitors, NSAIDs, and dietary counseling. Demonstrates that appropriate therapy can lead to symptom control, highlighting therapeutic efficacy.
5. **Literature Context:** Places the case within the broader spectrum of adult-onset Bartter syndrome, referencing relevant studies indicating its rarity and genetic aspects.

Weaknesses:

1. **Limited Genetic Analysis:** The case lacked molecular genetic confirmation, which is considered the gold standard for subtyping Bartter syndrome. Heavy reliance on biochemical and histological data; genetic testing would have strengthened diagnosis.
2. **Single Case Report:** As is typical, conclusions are based on one patient, limiting generalizability. No discussion on long-term prognosis or potential for familial genetic counseling.
3. **Incomplete Exploration of Differential Diagnoses:** Discussion on ruling out Gitelman syndrome or other causes of hypokalemia and metabolic alkalosis is minimal. Could benefit from a more robust differential diagnosis framework.

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4. **Absence of a Structured Literature Review:** The report references some literature but does not systematically review adult-onset Bartter syndrome cases globally. A comparative discussion with similar cases would add depth.
5. **Visual Aids and Imaging:** Figures (e.g., biopsy images) are mentioned but not provided in the document snippets; their absence limits full assessment.