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REVIEWER'S REPORT

Manuscript No.: IJAR-53215 Date: 08/08/2025

Title: **"CLINICAL, RADIOLOGICAL AND SPIROMETRIC PROFILE OF PATIENTS WITH DIFFUSE PARENCHYMAL LUNG DISEASE (DPLD): A CROSS-SECTIONAL STUDY"**

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: 09/08/2025

Reviewer's Comment for Publication:
This study adds valuable insight into the profile of DPLD patients in a tertiary care setting, reinforcing the essential roles of HRCT and PFTs in diagnosis. While it has some limitations inherent to its design, its strengths lie in its comprehensive diagnostic approach and alignment with established disease patterns.

Reviewer's Comment / Report

Strengths

- **Comprehensive Approach:** Integrates clinical symptoms, radiological patterns (HRCT), and pulmonary function tests to characterize DPLD, which allows for a holistic understanding.
- **Use of High-Resolution CT:** HRCT pattern analysis (UIP, NSIP, HP) aligns with standard diagnostic procedures, making findings relevant for clinical practice.
- **Sample Size and Demographics:** Inclusion of 60 patients with detailed demographic data helps in understanding disease prevalence and presentation trends.
- **Alignment with Existing Literature:** Findings such as the predominance of UIP pattern and restrictive lung defect are consistent with global epidemiological data, enhancing validity.
- **Clear Objectives and Methodology:** The study clearly states its aims, inclusion/exclusion criteria, and methods, ensuring reproducibility.

Weaknesses

- **Single-Center Design:** Limits the generalizability of findings; multi-center studies could provide broader insights.
- **Limited Sample Size:** Although adequate for descriptive purposes, a larger cohort could improve statistical power and subgroup analyses.
- **Lack of Histopathological Confirmation:** Not all cases had tissue confirmation, which can lead to potential diagnostic inaccuracies, especially in differentiating fibrotic patterns.
- **Absence of Longitudinal Follow-up:** The cross-sectional nature precludes understanding disease progression, response to therapy, or long-term outcomes.
- **Potential Selection Bias:** Patients already diagnosed and referred might represent more severe or specific disease phenotypes.