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REVIEWER'S REPORT

Manuscript No.: IJAR-53473 Date: 22-08-2025

Title: Right diaphragmatic dome hernia (DDH), a poor prognosis: a challenge, hope and reality - A case report

Recommendation:	Rating	Excel.	Good	Fair	Poor
Accept as it isYES	Originality			⊗	
Accept after minor revision	Techn. Quality			<	
Accept after major revision	Clarity			<	
Do not accept (Reasons below)	Significance		⋖		

Reviewer Name: Dr Aamina

Reviewer's Comment for Publication.

Abstract and Summary:

The résumé and summary provide a clear and bilingual presentation of the case and its broader medical context. Both highlight the congenital nature of diaphragmatic dome hernia, the importance of antenatal diagnosis, and the prognostic challenges associated with right-sided forms. The inclusion of prognostic factors such as Lung-to-Head Ratio (LHR), liver position, and total lung volume (TLV) ensures alignment with current clinical evaluation practices. The keywords are relevant and accurately reflect the scope of the work.

Introduction:

The introduction situates diaphragmatic dome hernia (DDH) within congenital anomalies, noting its incidence and embryological origins. The discussion acknowledges the lack of precise explanation despite multiple hypotheses, reinforcing the condition's complexity. The text effectively sets the stage for the case presentation by emphasizing the importance of prenatal detection and prognostic evaluation.

Clinical and Prognostic Context:

The manuscript recognizes that while outcomes have improved over the past two decades due to advances in prenatal imaging, surgical techniques, and neonatal intensive care, right-sided diaphragmatic hernias remain more challenging. The poorer prognosis of right-sided cases is correctly highlighted as a central focus of the report.

Methodology and Case Presentation:

The methodological section specifies that a case of right-sided diaphragmatic dome hernia is presented. The report aims not only to describe the clinical case but also to contextualize it within antenatal evaluation, prognostic factors, surgical management, immediate postnatal care, and long-term follow-up.

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This structured approach strengthens the clinical relevance of the report by linking the individual case to broader management guidelines and evolving recommendations.

Contribution and Relevance:

By documenting a right-sided DDH, the study draws attention to a rarer and more severe form of congenital diaphragmatic hernia. The integration of prenatal prognostic evaluation with postnatal surgical and critical care perspectives ensures a comprehensive scope. The emphasis on evolving recommendations positions the case as both clinically instructive and reflective of contemporary practice in neonatology and pediatric surgery.

Overall Assessment:

This case report is clearly presented, clinically significant, and contextualized within current diagnostic and management frameworks. It successfully combines the detailed documentation of an individual case with a discussion of prognostic factors, therapeutic approaches, and long-term considerations. The work makes a meaningful contribution to the literature on congenital diaphragmatic hernia, particularly the less favorable right-sided presentations.