

REVIEWER'S REPORT

Manuscript No.: IJAR-53565

Date: 27-08-2025

Title: WHEN GASTRIC INFLAMMATION TURNS DEADLY: INSIGHTS INTO ACUTE PHLEGMONOUS GASTRITIS - 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: Shashi Prakash

Date: 27-08-2025

Reviewer's Comment for Publication.

(To be published with the manuscript in the journal)

The reviewer is requested to provide a brief comment (3-4 lines) highlighting the significance, strengths, or key insights of the manuscript. This comment will be Displayed in the journal publication alongside with the reviewers name.

This is a useful case report of acute phlegmonous gastritis (APG), a rare but very lethal condition. The manuscript is emphasizing key radiological features, risk factors, and management of a clinical case. Its multidisciplinary approach and educational teaching points enhance its clinical utility.

Detailed Reviewer's Report

The abstract accurately encapsulates the case and identifies the rarity and clinical significance of APG. It should more forcefully highlight the important learning points initially (e.g., early imaging is lifesaving) and state the ultimate outcome in clear terms in one sentence to forewarn the reader. Including a brief concluding remark on the clinical implication (e.g., "This case reinforces the importance of high clinical suspicion in high-risk patients") would enhance impact.

REVIEWER'S REPORT

Introduction is clear and well-written, giving background on APG and its high fatality. A couple of statistics and references to history may be integrated better (e.g., stating specifically "<100 cases reported in literature to date"). Try adding one sentence explaining why this case is significant (e.g., unusual presentation, diagnostic difficulty, or swift progression in spite of early treatment).

The case is documented with thorough vitals, labs, and imaging results. The write-up could be made more readable—shorter sentences and clearer chronological order would be beneficial. Including a simple timeline (symptom onset → hospital arrival → imaging → surgery → outcome) would be clarifying. Reference ranges for lab derangements (e.g., CRP, bilirubin) would allow non-expert readers to understand severity instantly.

The discussion successfully places the case within the literature, delineating risk factors and signaling the difficulty of diagnosis. A few instances are redundant (e.g., predominance of Streptococcus and PPI/diabetes as risk factors occur more than once). Clustering redundant statements would render the section cleaner. Adding a brief remark on why surgery was ineffective in averting the lethal outcome (e.g., delayed presentation, septic shock) would provide resonance.

Conclusion is pertinent, but a bit wordy. Highlight in two sentences that early imaging, quick diagnosis, and aggressive treatment are crucial to survival. Repeat that APG must be suspected in the patient with diabetes or recent endoscopy who has acute abdomen and systemic evidence of sepsis.

Teaching Points and MCQs

These are great additions for educational purposes. Be sure that MCQ answers are explained in one brief sentence (e.g., "Streptococcus species are dominant in ~2/3 of cases reported").

Figures are not provided with the manuscript need to be included.