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REVIEWER'S REPORT

Manuscript No.: **IJAR-53819** Date: 15-09-2025

Title: Gynécomastie et Maladie Cœliaque : Une Association Rare à propos d' un cas.

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.

This case report describes a rare and well-documented association between **bilateral gynécomastie and coeliac disease**, highlighting an instance of **hypogonadisme hypogonadotrope fonctionnel** reversible with a strict gluten-free diet. The **Résumé and Introduction (lines 3–51)** clearly outline the clinical significance and the pathophysiological link between celiac disease and endocrine manifestations. The **case presentation (lines 52–86)** is thorough, providing a detailed clinical, biochemical, and imaging work-up that effectively rules out other causes of gynécomastie, such as tumors or thyroid/liver disorders. The **Discussion (lines 97–152)** integrates relevant literature, carefully considering possible mechanisms, including gluten-related neuroendocrine inhibition (lines 110–121), autoimmunity (lines 123–131), and nutritional deficiencies (lines 134–139). The case is further strengthened by the documented hormonal recovery (lines 77–82) after dietary intervention.

Minor issues require attention for improved clarity and presentation. There are occasional typographical inconsistencies such as "étémarquée" (line 9) which should read "été marquée," and spacing issues (e.g., "hypogonadisme hypogonadotropeassocié" at line 45). Some reference formatting needs standardization (e.g., spacing around years and journal names in lines 169–199). It would also be helpful to specify whether the patient's adherence to the gluten-free diet was monitored (e.g., via serologic markers such as anti-transglutaminase antibodies) to strengthen the evidence of dietary effect. Additionally, while the discussion of mechanisms is robust, a brief note on long-term follow-up and fertility assessment would enhance the clinical relevance.

Overall, the manuscript presents a highly original and clinically important observation of an uncommon extra-digestive manifestation of celiac disease. With minor language editing, reference formatting, and a few clarifications on dietary monitoring and follow-up, the paper will be suitable for publication and will contribute valuable insight into the endocrine implications of celiac disease.

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