

## REVIEWER'S REPORT

Manuscript No.: IJAR-53987

Date: 23/09/2025

**Title: A CASE REPORT ON HEPATITIS - A WITH LEPTOSPIROSIS CO INFECTION.**

### Recommendation:

Accept as it is .....

Accept after minor revision.....

**Accept after major revision .....Yes.....**

Do not accept (*Reasons below*) .....

Rating	Excel.	Good	Fair	Poor
Originality	•			
Techn. Quality		•		
Clarity		•		
Significance		•		

Reviewer Name: Dr. Sireesha Kuruganti

**Date:** 23/09/2025

### 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.*

## Detailed Reviewer's Report

Here's a detailed in-depth review of the manuscript "A Case Report on Hepatitis - A with Leptospirosis Co-Infection" with line numbers for clarity.

Manuscript Review with Line Numbers

Title & Abstract

Line 1–2: "A CASE REPORT ON HEPATITIS - A WITH LEPTOSPIROSIS CO INFECTION."

The title is clear but should be revised for grammar: "A Case Report on Hepatitis A with Leptospirosis Co-Infection."

No structured abstract is provided. Case reports generally require a concise abstract (Background, Case Presentation, Conclusion). Adding one would improve readability and indexing.

# International Journal of Advanced Research

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## **REVIEWER'S REPORT**

### Introduction

Line 3–5: “Leptospirosis is a potentially fatal infection that requires a high index of suspicion...”

The introduction effectively sets the clinical importance but has grammatical issues. For example, “common insadan states” appears to be a typo—should be “common in certain states.”

Line 6–8: Mentions epidemiological risk factors and immunological consequences. This is good, but lacks citations to existing literature. References should be added.

Line 9–10: States the unique aspect of the case (co-infection with Hepatitis A). This is appropriate but could highlight the novelty more strongly.

### Case Discussion

Line 12–16: Patient presentation is described (21-year-old male, fever, jaundice, abdominal pain).

Well-detailed, but clinical narrative should follow CARE guidelines for case reports (symptoms, timeline, investigations, management).

Some sentences lack clarity: e.g., “He consumes alcohol occasionally past 2 years” → should be “He has been consuming alcohol occasionally for the past 2 years.”

Line 17–19: Laboratory findings provided (bilirubin, SGOT, SGPT, ALP, GGT).

Data is useful but would benefit from tabular format for readability.

Units for lab values are missing (e.g., IU/L). Without units, results are ambiguous.

Line 20–21: HAV IgM positive, Leptospira IgM positive. Good inclusion of diagnostic evidence.

Line 22–23: Treatment with ceftriaxone is noted, along with hygiene advice for HAV.

Dosage information is correct but treatment rationale (why ceftriaxone was chosen) should be explained briefly.

Line 24–26: Follow-up labs (improvement in SGOT/SGPT, IgG/IgM seroconversion) are reported.

Strong point: demonstrates progression and recovery.

Suggestion: include a clinical timeline chart summarizing symptom onset, test results, and treatment.

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### Conclusion

Line 28–32: States rarity of Hepatitis A + Leptospirosis co-infection.

The conclusion is valid but brief. It should emphasize:

Clinical importance of screening for dual infections in endemic areas.

Possible pathophysiological link between Hepatitis A and severe Leptospirosis.

Recommendations for clinicians.

Language correction: “Even after co-infection rare presentation we should considering testing...” → should be “Even though co-infection is rare, we should consider testing...”

### Language & Formatting Issues

Frequent grammatical errors: missing spaces (“high grade fever” → “high-grade fever”), awkward phrasing (“arthralgia.No H/O native medication” → “arthralgia. No history of native medication”).

Some medical terms should be standardized: “H/O” → “History of”, “Inj.” → “Injection”.

No references cited. At least 4–5 references from peer-reviewed journals are expected in a case report.

### Strengths

1. Highlights a rare and clinically important co-infection.
2. Provides detailed lab findings and serological confirmation.
3. Follow-up data supports case authenticity.

### Weaknesses

1. No abstract, references, or figures/tables.
2. Poor grammar and typos reduce clarity.
3. Missing units for laboratory results.

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4. Lack of structured case report format (background, case presentation, discussion, conclusion).

### Overall Recommendation

The case report is clinically relevant and worth publishing after major revisions.

Add a structured abstract.

Revise grammar and formatting.

Provide units for lab tests.

Add references to support introduction and discussion.

Consider adding a table (lab results) and a clinical timeline.