

REVIEWER'S REPORT

Manuscript No.: IJAR-54039

Date: 27-09-2025

Title: CRITICAL ROLE OF CHEST TUBE DRAINAGE AS THE INITIAL TREATMENT FOR Klebsiella pneumoniae-RELATED PYOPNEUMOTHORAX: A CHALLENGING CASE REPORT FROM MOHAMMAD NOER GENERAL HOSPITAL, PAMEKASAN

Recommendation:

Accept as it is
 Accept after minor revision.....
 Accept after major revision Y ...
 Do not accept (*Reasons below*)

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

Reviewer Name: Mr. Shashi Prakash

Date: 27-09-2025

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.

This is a unique and clinically important case of pyopneumothorax caused by Klebsiella pneumoniae treated with chest tube drainage as the first step. The case is useful as it involves comorbid diabetes mellitus and antibiotic resistance. The report on response to treatment and clinical evolution provides new insight into management in resource-constrained environments.

Detailed Reviewer's Report

The title is appropriate and specifically indicates the manuscript content.

The introduction gives background information that is relevant to the topic, providing suitable statistics and references. The rarity of pyopneumothorax secondary to Klebsiella pneumoniae is noted. Shorten the introduction to 2–3 brief paragraphs. Begin with the definition of pyopneumothorax and usual causes, then proceed to the contribution of K. pneumoniae, its relationship with comorbid conditions such as diabetes, and finish with justification for reporting this case.

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Case Presentation: This part provides in-depth clinical history, examination, imaging results, and lab results. Write the case presentation in chronological and to-the-point style: Patient demographics, symptoms, examination findings, investigations, management, outcome. Eschew redundancy and extraneous information (e.g., repeating every medication ad nauseam). Display imaging findings in narrative associated with figure references.

The microbiologic results are correct and well-described. The correlation with antibiotic resistance is well-documented and significant. More explanation regarding the link between these results and treatment policy could be added. Highlight how the pattern of resistance guided changes in antibiotics. Specify if sensitivity testing was used to dictate the switch to meropenem and note any time lapse before adjustment in antibiotics.

The treatment plan is well-described. Chest tube drainage, antibiotics, and monitoring are all noted, but outcome measurement is superficial. Discharge with unresolved symptoms and no follow-up diminishes the case.

Specify the outcomes that constituted success/failure of treatment. Explain the reason for referring to a tertiary center. State what additional steps were planned or advised, and comment on the limitation of loss of follow-up.

The discussion includes a range of important issues like empyema pathophysiology, management options, and difficulties in resource-poor environments. But it is too long, has redundancy, antiquated jargon, and is unfocused.

Redo the discussion in a concise manner:

Compare this case to those in literature.

Emphasize chest tube drainage role and limitations.

Highlight the clinical problem of Klebsiella and diabetes.

Clarify surgical indications.

The conclusion is short but summarizes previous information without highlighting major learning points.

Briefly summarize the major clinical take-home points, particularly regarding the limited utility of chest tube drainage in advanced presentations and the

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imperative of early surgical referral. Highlight how the case reminds us of the difficulties in diagnosis and management in low-resource contexts.