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REVIEWER'S REPORT

Manuscript No.: IJAR-54357 **Date: 17-10-2025**

Title: Massive Multinodular Goiter (MNG) Causing Tracheal and Bilateral Great Cervical Vessels Compression Treated with Total Thyroidectomy: A Case Report From Rural Hospital" .

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. Amina

Reviewer's Comment for Publication

The manuscript titled *"Massive Multinodular Goiter (MNG) Causing Tracheal and Bilateral Great Cervical Vessels Compression Treated with Total Thyroidectomy: A Case Report from Rural Hospital"* presents an insightful and well-documented clinical case of a rare presentation of multinodular goiter with extensive compressive effects on airway and cervical vasculature. The case contributes valuable evidence to the limited body of literature from rural or resource-limited medical centers.

The **abstract** clearly summarizes the case presentation, surgical management, and postoperative outcome. It is concise and clinically relevant, but the section could benefit from more polished sentence structure and consistent formatting, especially regarding punctuation and spacing.

The **introduction** provides a strong background on the epidemiology and pathophysiology of multinodular goiter, referencing global prevalence and classification criteria. The citations are appropriate and up to date, particularly the references to the European Thyroid Association

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(2023) and recent cohort studies. However, the paragraph structure could be improved by separating general background information from specific study data for better readability.

The case presentation is thorough, with clear clinical, radiological, and surgical details. The inclusion of imaging findings (ultrasound, CT scan) adds significant diagnostic clarity. The description of tracheal and vascular compression is well presented, demonstrating the diagnostic complexity and surgical challenge. However, some sentences are excessively long and may be divided to enhance clarity. Including pre- and postoperative vital data or visual outcomes (where available) would further strengthen the case documentation.

The discussion effectively relates the presented case to published studies, integrating findings from global literature. The authors successfully correlate their observations with prior studies by Chen et al., Trinh et al., and Takamori et al., which enhances the scientific credibility of the report. The discussion also provides good clinical reasoning for opting for total thyroidectomy as a definitive treatment, supported by evidence-based references on recurrence and surgical outcomes.

The histopathological description is accurate and comprehensive, with clear mention of "struma adenomatosa cystica" and its characteristic Sanderson polster pattern. This section demonstrates strong diagnostic precision and adherence to pathological standards.

The limitations are appropriately acknowledged — particularly the lack of postoperative laryngoscopy and PTH evaluation due to limited resources. This transparency adds credibility to the report and reflects the realities of clinical work in rural hospitals.

The language quality is adequate but requires light grammatical revision, improved punctuation, and consistency in spacing and section titles (e.g., "Case Presentation," "Discussion," "Conclusions"). Figures and captions should be standardized in font and format.

Overall Evaluation:

This is a clinically valuable and well-researched case report that highlights both the medical and surgical challenges of managing massive multinodular goiter in a resource-limited setting. The manuscript aligns with the aims of clinical and surgical journals by documenting rare

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complications and emphasizing multidisciplinary management. The study demonstrates good technical quality, clear ethical compliance, and a well-supported conclusion.

Suggested Minor Revisions:

1. Improve grammatical flow and punctuation throughout the text for readability.
2. Ensure consistent formatting of figures, captions, and section headings.
3. Add short commentary in the abstract or discussion on implications for rural surgical practice.
4. Simplify long sentences in the case presentation and introduction for clarity.
5. Include postoperative follow-up details (duration and patient outcome) in a summarized form.