

REVIEWER'S REPORT

Manuscript No.: IJAR-54476

Title: Intestinal Pneumatosis Cystoides Associated with Small Bowel Volvulus: A Rare Cause of Pneumoperitoneum in a COPD Patient

Recommendation:

Accept as it is

Accept after minor revision.....Y.....

Accept after major revision

Do not accept (*Reasons below*)

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

Reviewer Name: Mr. Shashi Prakash

Detailed Reviewer's Report

This is a thoroughly documented and clinically meaningful case report of an unusual association of intestinal pneumatosis cystoides (IPC) and small bowel volvulus causing pneumoperitoneum in a patient with COPD. The report offers useful information regarding diagnostic difficulties and management principles to distinguish benign from potentially life-threatening etiologies of pneumatosis intestinalis.

The title is informative and adequately conveys the case's emphasis and clinical significance.

The abstract does an effective job of summarizing the clinical case, results, and main message. It might be improved with more separation between background information, case information, and conclusion. Include a concluding sentence emphasizing the learning point—e.g., the diagnostic value of distinguishing benign vs. surgical causes of pneumoperitoneum.

The introduction correctly sets the stage for the rarity and clinical significance of IPC and small bowel volvulus. It would, however, be enhanced by 1–2 sentences on worldwide incidence or prevalence to highlight rarity. Include a brief epidemiological context or refer to more recent overviews (post-2020) for completeness.

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The case is well-organized, with detailed clinical, laboratory, and imaging information. The figures are correctly referenced.

The discussion is good and connects the case with literature. Nevertheless, it is made stronger by differently distinguishing between ischemic and benign causes of pneumatosis in tabular or summarized manner and highlighting the process of decision-making for surgery. Insert a sentence on how COPD physiopathology leads to migration of gas and discuss the lack of ischemia in the presence of pneumoperitoneum in greater depth.

The conclusion briefly encapsulates the case's relevance but might be more strongly couched regarding clinical implications for the design of future diagnostic strategies. Restate to highlight that recognition of IPC in COPD can avoid unnecessary bowel resections where ischemia is not present.

Overall this article describes an unusual, informative, and clinically significant case of intestinal pneumatosis cystoides secondary to small bowel volvulus in a patient with COPD. The discussion is informative regarding diagnostic differentiation of benign vs. life-threatening pneumatosis.