

REVIEWER'S REPORT

Manuscript No.: IJAR-54565

Date: 29/10/2025

Title: Infiltrative Mediastino-Hilopulmonary Tumor Causing Cardiac Tamponade and SVC Syndrome: A Dramatic Presentation

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. S. K. Nath

Date: 30/10/2025

Reviewer's Comment for Publication:

This case report offers valuable insights into the presentation and management of advanced mediastinal tumors complicated by cardiopulmonary emergencies. Its detailed clinical description and integration with current guidelines make it a useful educational resource. However, it would benefit from improved structural clarity and grammatical polishing. The lack of histological confirmation is understandable given the patient's instability but should be acknowledged explicitly as a limitation.

Reviewer's Comment / Report

Strengths:

- Clinical Relevance:** The case report addresses a highly relevant and rare presentation of mediastinal tumors leading to critical cardiopulmonary emergencies, emphasizing early diagnosis and management challenges.
- Comprehensive Clinical Data:** The authors provide detailed clinical findings, including physical examination, imaging, and echocardiographic data, which contribute to a thorough understanding of the case.
- Integration of Guidelines:** The discussion references current guidelines (e.g., ESC 2024) and recent literature, demonstrating alignment with evidence-based practices.
- Educational Value:** The report highlights key diagnostic signs, the importance of multidisciplinary care, and occupational risk factors, making it informative for clinicians.

Weaknesses:

- Limited Diagnostic and Pathological Data:** The absence of histopathological confirmation limits the definitiveness of the tumor diagnosis, although it is explained that invasive procedures were contraindicated due to instability. Clarification on any attempt at minimally invasive diagnosis would enhance the report.
- Formatting and Structural Issues:**
 - The manuscript appears to have inconsistent paragraph formatting and numbering, which could improve clarity.
 - Some pages contain fragmented sentences or abrupt transitions, affecting readability.
- Typographical and Grammatical Errors:**
 - There are minor typographical issues, such as missing spaces ("alsopresentedwith") and inconsistent abbreviation usage (e.g., "SVC" vs. "superior vena cava").
 - Grammatical errors include subject-verb agreement ("The tumor'smetastatic nature washighlighted" should be "The tumor's metastatic nature was highlighted").

International Journal of Advanced Research

Publisher's Name: Jana Publication and Research LLP

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4. **Figures and Visuals:** References are made to figures ("Figure 3 and Figure 4") but images are not included in the provided pages. Ensuring that figures are properly labeled, included, and referenced is necessary.
5. **Literature Citations:** References are provided, but some in-text citations (e.g., [10], [11]) could be more specifically tied to statements for enhanced clarity.

Author Instructions:

- Review the manuscript for typographical errors, including spacing issues and inconsistent abbreviations.
- Improve paragraph transitions for better readability.
- Clarify the diagnostic process, especially any alternative or minimally invasive measures attempted.
- Ensure all referenced figures are included, labeled, and cited appropriately.
- Expand on the discussion regarding the limitations due to the absence of histological confirmation.
- Consider rechecking citations for accuracy and consistency.