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REVIEWER'S REPORT

Manuscript No.: IJAR-54624 Date: 3/11/2025

Title: Ferritin Without Fibrosis: Asymptomatic Hyperferritinemia in Primary Care (Case Report).

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: Mrs. Shreya Vaz

Detailed Reviewer'sReport

This article is based comprises a brief contents.

Strengths

1. Clinical Relevance

The case addresses a common yet frequently under-investigated clinical finding in primary care. The authors highlight that up to 50% of hyperferritinemia cases receive no follow-up, making this a timely and practical contribution to family medicine.

2. Systematic Diagnostic Approach

The case presents a well-structured diagnostic workup including:

- Serial laboratory investigations tracking ferritin trends from August 2023 to February 2025
- Comprehensive imaging (abdominal ultrasonography, Fibroscan, and liver iron quantification by MRI)

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- Genetic testing to exclude hereditary hemochromatosis
- Normal liver function tests despite elevated ferritin[1]

3. Educational Value

The article effectively distinguishes dysmetabolic iron overload syndrome (DIOS) from other causes of hyperferritinemia, emphasizing that elevated ferritin levels can reflect inflammation and metabolic dysfunction rather than true iron overload[1].

4. Evidence-Based Discussion

The authors integrate recent literature, including a 2025 cohort study correlating weight-adjusted waist index with ferritin levels and a 2013 retrospective study of 627 patients showing the association between metabolic risk factors and hyperferritinemia[1].

5. Practical Management Recommendations

The conclusion emphasizes metabolic risk factor optimization and structured surveillance rather than empiric phlebotomy, providing actionable guidance for primary care practitioners[1].

Limitations

1. Single Case Report Design

As a case report, this study provides limited generalizability. The findings are based on one patient and cannot establish causal relationships or prevalence estimates[1].

2. Incomplete Diagnostic Workup Documentation

While the case is generally well-presented, certain details are missing:

- No mention of transferrin saturation levels, which are critical for distinguishing DIOS
- Limited discussion of the patient's brucellosis history and its potential contribution to elevated ferritin
- No assessment of inflammatory markers (C-reactive protein, interleukin-6) to support the inflammation hypothesis[1]

3. Inconsistent Terminology

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The article uses both NAFLD (non-alcoholic fatty liver disease) and MAFLD (metabolic-associated fatty liver disease) terminology. While both terms are used correctly, this alternation may cause confusion for some readers[1].

4. Limited Discussion of Management Outcomes
The article prescribes a management approach but does not present follow-up results or clinical outcomes. The patient's response to lifestyle interventions and ferritin trends after intervention implementation are not described[1].

5. Relatively Brief Case Description
The case presentation section is concise, potentially omitting important clinical details about:
- Physical examination findings
- Patient's functional status and quality of life
- Detailed medication adherence history[1]

Methodological Considerations

Data Presentation: The ferritin trend table effectively demonstrates the progressive nature of hyperferritinemia over 18 months, though one anomalous dip in August 2024 (1025 µg/L) is not explained.

Reference Quality: The article cites 12 references, including recent publications and consensus guidelines from the International Consensus Panel on MAFLD. However, some references appear to be older (2010-2013), and additional recent studies on DIOS would strengthen the evidence base.

Writing Quality: The manuscript contains minor grammatical issues (e.g., "shed the lights" in line 50), though these do not significantly impact comprehension.

Relevance and Impact

This case report aligns with contemporary clinical practice by:
- Highlighting the prevalence of underdiagnosed metabolic hyperferritinemia
- Providing a structured diagnostic algorithm for differentiation

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- Shifting focus from aggressive iron reduction to metabolic management
- Emphasizing the importance of non-invasive staging tools (Fibroscan, transient elastography)

The article would be of particular interest to family medicine practitioners, internists, and hepatologists managing patients with metabolic syndrome and incidental hyperferritinemia.

Recommendations for Authors

1. **Expand the diagnostic workup:** Include transferrin saturation levels and inflammatory biomarkers to strengthen the "IOS diagnosis.
2. **Provide follow-up outcomes:** Describe the patient's clinical course following implementation of recommended management strategies.
3. **Standardize terminology:** Consistently use MAFLD terminology or clearly explain the transition from NAFLD nomenclature.
4. **Enhance clinical detail:** Provide additional information on physical examination findings and medication adherence patterns.
5. **Strengthen the discussion:** Include more recent literature on metabolic hyperferritinemia and the relationship between obesity and ferritin metabolism.

Conclusion

This case report makes a valuable contribution to primary care literature by illustrating the distinction between metabolic-associated hyperferritinemia and true iron overload disorders. While limited by its single-case design and some gaps in diagnostic documentation, the article effectively communicates an important clinical lesson about systematic evaluation and targeted management. The practical recommendations for metabolic-focused care rather than empiric phlebotomy align with current evidence and should influence clinical practice in family medicine and internal medicine settings[1].