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## REVIEWER'S REPORT

Manuscript No.: IJAR-55133

**Title: Case Report Pyoderma gangrenosum following Laparotomy A diagnostic challenge**

### 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 case report describes a rare but clinically important presentation of postoperative pyoderma gangrenosum that often poses considerable diagnostic difficulty; thus, early recognition is emphasized. The case will be relevant for surgeons and clinicians to avoid further unnecessary surgical interventions and allow timely immunosuppressive therapy. The report adds valuable insight into post-laparotomy PG in the absence of underlying systemic disease.

The abstract is a good overview, but it does not take on a structured approach: Background, Case, Conclusion. Rewrite the abstract in a structured format, correcting grammar

#### Keywords

Misspelled terms include "gangrenous," "pyoderma granulosa" and repetition. Use Standardized MeSH terms: Pyoderma gangrenosum; Neutrophilic dermatosis; Postoperative complications; Autoimmune disease; Immunosuppressive therapy etc.

#### Introduction

Provides basic background. Ensure clarity regarding PG pathogenesis and diagnostic challenges.

#### Case Report

The case is described chronologically and in a quite understandable way; however, this section lacks clarity about some clinical details and includes inconsistencies, such as "Pyoderma granulosa." Laboratory data need structuring, while the clinical course needs improved clarity. Some drug spellings are incorrect, such as "triamcilone" and "tacrolimusointment." Please provide all the clinical findings in a structured manner: patient background, presentation, interventions, progressions, biopsy findings, response to therapy. Correct terminology and spelling. Clarify timeline and make sure drug names are accurate.

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## **REVIEWER'S REPORT**

### Discussion

Provides relevant conceptual points. Criteria for diagnosis mentioned but not critically analyzed in context of this patient. The differential diagnosis will be further expanded upon the diagnostic dilemma highlighted, and criteria from the diagnosis aligned with findings in this case.

### Management

Largely accurate and briefly described, but without extended reasoning of therapeutic choices and monitoring. Discussion of reasons for steroids, topical immunomodulators, analgesia and care of wounds. Also include avoidance of surgical debridement due to risk of pathergy.

Conclusion is appropriate.