



ISSN NO. 2320-5407

ISSN(O): 2320-5407 | ISSN(P): 3107-4928

International Journal of Advanced Research

Publisher's Name: Jana Publication and Research LLP

www.journalijar.com

REVIEWER'S REPORT

Manuscript No.: IJAR-55927

Title:

MULTIPLE SPLENIC ABSCESES, A RARE COMPLICATION OF ENTERIC FEVER: CASE REPORT AND LITERATURE REVIEW

Recommendation:

Accept as it is

Accept after minor revision...

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Accept after major revision

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

Reviewer Name: Dr.Sumathi

Detailed Reviewer's Report

1. **Multiple splenic abscesses are rare, life-threatening, and potentially fatal collections of pus within the spleen, often appearing as multiple spots rather than a single infection. Typically occurring in immunocompromised patients or those with endocarditis, they cause fever and left upper quadrant pain. Diagnosis usually requires imaging (CT/MRI), with treatment involving antibiotics, percutaneous drainage, or splenectomy.**
2. **Rare complications of enteric (typhoid) fever, typically occurring when treatment is delayed, include severe neurological issues (encephalopathy, Guillain-Barré syndrome, cerebeller ataxia), cardiac involvement (myopericarditis, complete heart block), and hematological disorders such as secondary hemophagocytic lymphohistiocytosis (HLH). Other rare, severe complications involve gastrointestinal perforation, massive hemorrhage, splenic abscess, and optic neuritis.**
3. **Multiple splenic" usually refers to either polysplenia (a congenital condition with multiple small spleens) or multifocal splenic**

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lesions/nodules (multiple growths, spots, or tumors within the spleen). It indicates a finding of several distinct masses or organs in the left upper quadrant, often detected via imaging (CT/MRI).

4. Etiologies for multifocal splenic lesions include infectious and inflammatory processes, primary vascular and lymphoid neoplasms, metastatic disease, vascular processes, and systemic diseases. There is often overlap in the imaging appearance alone, so the clinical setting is very helpful in differential diagnosis.
5. A splenic abscess is a rare, severe, localized infection within the spleen characterized by a collection of pus, often presenting with fever, left upper quadrant abdominal pain, and leukocytosis. It carries high mortality, frequently occurring in immunocompromised or infected individuals via hematogenous spread, often requiring antibiotics and percutaneous drainage or surgical splenectomy.
6. An abscess becomes dangerous when the infection spreads beyond the initial site, causing systemic symptoms or severe, localized complications. Immediate medical attention is necessary if an abscess causes high fever, severe pain, rapid spreading of redness, or difficulty breathing/swallowing. Untreated abscesses can lead to life-threatening sepsis.
7. Research topic is good but information given very less.
8. Key words must be given.
9. Result and discussion part are not given separately. It should be in clarity.
10. Summary points also be needed.
11. References should be in alphabetical order and should add more points.
12. After those changes good to publish in your journal.