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REVIEWER'S REPORT

Manuscript No.: IJAR-55999

Title: The Great Mimicker: A case of ruptured lung cyst

Recommendation:

Accept after Major revision.....

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

Reviewer Name: Dr. Sudheer Aluru

Detailed Reviewer's Report

This is a well-written and clinically instructive case report. It describes a classic diagnostic dilemma in an endemic region: a pulmonary hydatid cyst initially misdiagnosed as tuberculosis. The narrative is clear, logically structured, and effectively highlights a key teaching point for clinicians. The inclusion of radiological and intraoperative images (as referenced) significantly strengthens the report. The manuscript is suitable for publication following minor revisions to enhance its educational value and completeness.

Major Comments

1. Novelty and Rationale - The authors describe pulmonary hydatid disease mimicking tuberculosis—this phenomenon is well recognized in endemic regions. The manuscript should:

- Clearly state what makes this case distinctive: High-altitude region? Negative serology despite rupture? Dual lung-liver involvement? Delayed diagnosis after ATT?
- Explicitly articulate the educational novelty in the Introduction or Discussion.

2. The diagnostic process is described but could be strengthened if the following details are provided:

- Baseline vitals and physical examination.
- Laboratory data (eosinophil count, inflammatory markers).

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- Liver function tests before albendazole.
- Clarify - Why serology was negative? Which test was used (ELISA? indirect hemagglutination?); Specify ATT regimen and duration.

3. There is no statement regarding ethics and consent – include a formal patient-consent declaration.

4. The discussion should focus on (i) Differential diagnoses in TB-endemic areas; (ii) Role of CT signs (“water-lily,” “air-bubble”); (iii) Negative serology in pulmonary disease; (iv) Timing of surgery vs albendazole.

Minor Comments

- Standardize spelling: dyspnea/dyspnoea.
- Correct typos (“Uttrakhand,” “practitioner,” “manangement”).
- Remove repetition between Abstract and Introduction.
- Keywords should avoid redundancy with title.
- Reference formatting should be unified.
- Line 16: "However patient had no travel history..." should read "However, the patient..."
- Line 17: "...which is a well known risk factor..." should read "...a well-known risk factor..."
- Consider ending the abstract with a stronger take-home message that mirrors the conclusion, e.g., "This case underscores the critical importance of considering hydatid disease in the differential diagnosis of non-resolving pulmonary opacities in endemic regions to avoid misdirected therapy."