



REVIEWER'S REPORT

Manuscript No.: IJAR-56253

Title: The Kidneys False Alarm: When a Suspected Renal Colic Reveals a Hidden Aortic Threat.

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. Amina

Reviewer's Comment for Publication.

This manuscript presents a clinically valuable case of intramural aortic hematoma (IAH), a key entity within the spectrum of acute aortic syndromes. The case is particularly educational because of its atypical presentation and the diagnostic challenge in differentiating IAH from inflammatory aortitis using combined anatomical and functional imaging.

The topic is highly relevant given the ongoing evolution in management strategies for acute aortic syndromes, as emphasized in major references such as the *The Lancet* and the guidelines of the European Society of Cardiology.

The manuscript is generally well-structured and clinically sound; however, several revisions are required to improve clarity, scientific rigor, and presentation quality.

Major Strengths

1. Educational Value
 - Highlights an atypical presentation of IAH mimicking renal/abdominal pathology.
 - Reinforces the importance of considering acute aortic syndromes in differential diagnoses of thoracoabdominal pain.
2. Imaging-Based Diagnostic Approach

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- Appropriate use of CT angiography.
- Innovative and thoughtful use of 18F-FDG PET to exclude inflammatory aortitis.

3. Discussion Quality

- Comprehensive review of IAH natural history.
- Balanced overview of conservative versus surgical management strategies.

Points Requiring Revision

1. Clinical Consistency Issue (Important)

The manuscript states that the patient had “no cardiovascular risk factors,” yet:

- Blood pressure on admission was **196/104 mmHg**, which qualifies as severe hypertension.
- ECG showed **left ventricular hypertrophy**, typically associated with chronic hypertension.

Please clarify:

- Was hypertension newly diagnosed?
- Was there prior undocumented hypertension?
- How do you reconcile this with the statement of “no cardiovascular risk factors”?

This inconsistency must be addressed.

2. Case Presentation Clarifications

- Troponin elevation (15× ULN) is significant.
 - Was myocardial infarction excluded?
 - Was coronary angiography considered or performed?
 - Could the troponin elevation reflect demand ischemia?
- The description of pain includes “recurrent angina-like episodes.”
 - Please clarify whether coronary syndrome was ruled out.
- Provide follow-up details:
 - Duration of hospitalization

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- Discharge blood pressure
- Follow-up imaging schedule

3. Imaging Description

- Standardize CTA measurements formatting (spacing inconsistencies such as “36,5 mm”).
- Add hematoma thickness if available (important prognostic factor).
- Improve figure legends for clarity and consistency.

4. Discussion Section Improvements

- Remove duplicated timestamps (e.g., “2/17/2026 12:12:00 PM”).
- Streamline discussion—currently slightly repetitive regarding natural history.
- Consider adding brief classification reference (Stanford Type A vs Type B IAH).

5. Language and Formatting

- Correct spacing issues (e.g., “alongside with” → “alongside”).
- Correct minor grammatical inconsistencies.
- Standardize use of abbreviations (IAH vs IMH — use one consistently).
- Ensure uniform reference formatting (journal names, punctuation, style).

6. Ethical Statement

Add:

- Patient informed consent statement.
- Ethical approval statement if required by the journal.

REVIEWER'S REPORT***Scientific Perspective***

The manuscript appropriately frames IAH within the broader concept of Acute Aortic Syndrome, consistent with contemporary reviews in JAMA and guideline-based management strategies.

The added value of PET imaging in differentiating IAH from inflammatory aortitis is a strong point and could be slightly emphasized in the conclusion as a practical takeaway.

Overall Assessment

This is a clinically meaningful and educational case report that reinforces:

- The need for broad differential diagnosis in acute thoracoabdominal pain
- The importance of multimodal imaging
- The nuanced, individualized management of IAH

With clarification of cardiovascular risk factors, refinement of discussion, correction of formatting issues, and addition of ethical statements, the manuscript will be suitable for publication.