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## REVIEWER'S REPORT

Manuscript No.: IJAR- 56604

**Title: A Diagnostic Odyssey: Non-Hodgkin Lymphoma Masquerading as Recurrent Typhoid Fever with Concurrent Nephrolithiasis.**

**Recommendation:**

- Accept as it is .....
- Accept after minor revision.....
- Accept after major revision .....**
- Do not accept (*Reasons below*) .....

| Rating         | Excel.    | Good | Fair | Poor |
|----------------|-----------|------|------|------|
| Originality    |           | Good |      |      |
| Techn. Quality | Excellent |      |      |      |
| Clarity        |           | Good |      |      |
| Significance   | Excellent |      |      |      |

Reviewer's ID: Dr. Sumathi

### *Detailed Reviewer's Report*

- 1. A diagnostic odyssey is the often-lengthy, stressful journey—averaging over 5 years—that patients with rare diseases experience to receive a correct diagnosis. It is marked by multiple specialist consultations, repeated misdiagnoses, unnecessary tests, and significant physical, emotional, and financial strain. Key drivers include the rarity of conditions and limited access to specialized, genetic testing.**
- 2. Non-Hodgkin lymphoma (NHL) is a cancer that develops in the lymphatic system, part of the body's germ-fighting immune network. It causes white blood cells called lymphocytes to grow abnormally, forming tumors in lymph nodes or other tissues. It is a diverse group of cancers categorized into fast-growing (aggressive) or slow-growing (indolent) types, primarily affecting B-cells or T-cells.**
- 3. Recurrent typhoid fever (relapse) affects 5–10% of treated patients, usually occurring 1–3 weeks after initial recovery. It is often milder than the first episode but requires prompt medical attention. Relapse is commonly caused by premature treatment cessation, inappropriate antibiotic selection, or the bacteria hiding in the gallbladder or bowel.**

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- 4. Typhoid fever is a life-threatening bacterial infection caused by *Salmonella Typhi*, often contracted through water or food contaminated with human feces. Common in areas with poor sanitation, it causes high fever, fatigue, abdominal pain, and headache. While treatable with antibiotics, it requires prompt medical attention to avoid severe complications.**
- 5. Concurrent nephrolithiasis refers to the simultaneous presence of kidney stones within the urinary system, often characterized by active stone formation, migration, or multiple stones located in one or both kidneys. This condition commonly causes severe, acute flank pain (renal colic), hematuria, and nausea, requiring urgent imaging (CT scan) and potential intervention.**
- 6. Kidney stones are hard, solid, crystal deposits (often calcium oxalate) that form in the kidneys when urine contains more crystal-forming substances than can be diluted. Symptoms include severe pain in the back, side, or groin, blood in urine, nausea, and vomiting. Causes include dehydration, diet, and obesity. Most small stones pass within 1–3 weeks with hydration and medication, while larger ones may require medical procedures.**
- 7. Key words must be needed.**
- 8. Result part tables and graphs must be given.**
- 9. Significant and flow chart of points are given good.**
- 10. Summary points must be included.**
- 11. References totally missed. It must be given with alphabetical order.**
- 12. Without references not able to publish in your journal.**
- 13. Once done all eligible to publish in your journal.**