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REVIEWER'S REPORT

Manuscript No.: IJAR-56686

Title: Concomitant Revelation of Graves' Disease During Diabetic Ketoacidosis: Report of Two Clinical Cases

Recommendation:

Accept after major revision

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

Reviewer's ID: JPR-198

Detailed Reviewer's Report

This is a clinically interesting case report about two patients who were found to have Graves' disease while being treated for diabetic ketoacidosis. The core message is useful: when a diabetic patient's tachycardia and polyuria do not improve with standard DKA treatment, thyroid disease should be checked. However, several errors in the manuscript, some of them serious, need to be corrected before it can be published.

Major Comments

1. Lines 121–123 state that specific HLA genetic haplotypes were "found in our patients." Neither case report mentions any genetic testing being done. Authors cannot claim a finding from a test that was never performed. This sentence must either be removed, or if testing was actually done the results must be properly reported in the case descriptions.

2. Three references are cited for the wrong statements

This is the most serious problem in the manuscript.

Reference 3 is a paper about how common DKA is in type 1 diabetes patients. It is cited to support a claim that "DKA combined with thyrotoxic crisis has a mortality rate of up to 15%." This paper contains no mortality data for this combination. A correct source must be found and cited.

Reference 13 is a US government report counting how many Americans have diabetes. It is cited to support statements about HLA genes and immune regulatory genes like CTLA4 and PTPN22. A

REVIEWER'S REPORT

population count report has nothing to do with immunogenetics. This must be replaced with a relevant immunology paper.

Reference 14 is a paper about complications in children with diabetes. It is cited to support a statement about ethnic differences in genetic predisposition to APS3v. This paper does not cover that topic. Again, a correct reference is needed.

3. The polyuria numbers do not match

The abstract says the persistent polyuria that raised suspicion of thyroid disease was 4 L/day. The Case 1 body text says the patient's urine output reached 15 L/day on admission. These are two different measurements at two different time points, and the abstract has confused them. Please clarify exactly when each measurement was taken and what each one represents. Also note that 15 L/day is an extraordinarily high urine output — the authors should state whether diabetes insipidus was considered and ruled out.

4. Case 2 is incomplete

Case 2 is missing several pieces of information that are essential for a case report. TSH receptor antibodies (TRAb) — the key test that confirms Graves' disease specifically — are not reported. Without this, the Graves' disease diagnosis in Case 2 is not fully established. The treatment given is not named. Blood gas results and pH, needed to confirm DKA severity, are absent. There is no follow-up information. Case 2 needs to be expanded to match the level of detail in Case 1.

5. The abstract is structured incorrectly

The abstract contains its own Introduction, Case Reports, and Discussion sections, which then repeat almost word-for-word in the main body of the paper. An abstract should be a short, self-contained summary of around 200 words. It should not be a miniature copy of the full manuscript. Please rewrite it as a single compact paragraph covering background, what happened in the two cases, and the main conclusion.

6. The discussion does not connect to the actual cases

The discussion explains the science well — how hyperthyroidism worsens blood sugar control, promotes ketone production, and can trigger DKA. However, it reads like a textbook summary rather than an analysis of these specific patients. The discussion should explain, for example, why Case 1's heart rate of 180 bpm was a clue pointing toward hyperthyroidism, and why the DKA was unusually difficult to control. Link the theory to what actually happened in the two patients.

REVIEWER'S REPORT**7. Blood glucose units are unclear**

Both cases report glucose as g/dL (2.44 and 1.93). This unit is not standard internationally. If these values are in g/L — which is common in French clinical practice — please convert them to mmol/L or mg/dL. Note that 244 mg/dL is borderline for DKA severity criteria, which makes reporting the blood gas pH and anion gap even more important.

8. The introduction describes the wrong patient group

The introduction states this is about "inaugural" (new-onset) type 1 diabetes. Both patients in this report had T1DM for 5 and 8 years respectively. These are not new-onset cases. The introduction should be corrected to describe patients with known, established T1DM in whom Graves' disease was newly discovered during a DKA episode.

9. Reference 6 is a conference poster abstract

This is not a peer-reviewed publication and should either be replaced with a proper journal article or clearly labelled as a conference abstract.

Minor Comments

- 10.** The title uses the word "revelation," which is not standard medical terminology. "Presentation," "occurrence," or "diagnosis" would be clearer.
- 11.** The conclusion is too long and repeats what the discussion already said. It should be shortened to two or three sentences with a clear take-home message for clinicians.
- 12.** The management recommendations in the discussion are written as bullet points. In a case report, this content should be written as normal prose.
- 13.** Reference 9 has a formatting error — the authors' names and words are merged into one unbroken string with no spaces. The entire reference list also uses inconsistent formatting styles and should be standardised to the journal's required format.