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REVIEWER'S REPORT

Manuscript No.: IJAR- 57588

Title: Diffuse Systemic Arterial Calcification and Renal Infarction in a Young Female with Primary Antiphospholipid Syndrome Presenting as Accelerated Hypertension: A Case Report.

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. **Diffuse cutaneous systemic sclerosis (dcSSc) is a severe, rapidly progressing subtype of systemic sclerosis (scleroderma) characterized by widespread skin hardening on the limbs and trunk, along with early, high-risk involvement of internal organs like the lungs, heart, and kidneys. It is an autoimmune condition involving immune dysfunction, blood vessel damage, and excessive collagen production leading to fibrosis.**
2. **Diffuse Systemic Scleroderma, also known as diffuse cutaneous systemic sclerosis (dcSSc), is a severe autoimmune, chronic connective tissue disease characterized by rapid skin hardening and fibrosis (scarring) of internal organs. It is a subset of systemic sclerosis where skin thickening affects large areas, including the limbs (above elbows/knees), face, and torso, with high risk for early organ damage to the lungs, heart, and kidneys.**
3. **Calcification of the arteries (or atherosclerosis) occurs when calcium builds up in the plaque on the walls of your arteries. This buildup narrows and hardens the blood vessels, severely restricting blood and**

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oxygen flow. It is a strong indicator of coronary artery disease and increases the risk of heart attacks and strokes.

4. **Artery calcification (specifically coronary artery calcification, or CAC) is the accumulation of calcium deposits within the walls of the heart's arteries, often signaling advanced atherosclerosis. These deposits harden the arteries and narrow the vessel pathway, restricting oxygen-rich blood flow to the heart. It is a strong, measurable predictor of future cardiovascular events like heart attacks.**
5. **A renal infarct is a rare, medical emergency caused by an interruption of blood flow to the kidney, often from a blood clot (thromboembolism or thrombosis). It results in tissue death (necrosis), commonly presenting with sudden flank or abdominal pain, nausea, and vomiting. Prompt diagnosis via contrast-enhanced CT scan is crucial to prevent chronic kidney disease or failure.**
6. **Primary Antiphospholipid Syndrome (PAPS) is an autoimmune disorder where the immune system produces antibodies that increase the risk of blood clots (thrombosis) in veins or arteries and cause pregnancy complications (e.g., miscarriage), occurring in individuals without an underlying autoimmune disease like lupus. It is characterized by persistent antiphospholipid antibodies—lupus anticoagulant, anticardiolipin, or anti-β2 glycoprotein I—diagnosed through blood tests.**
7. **Accelerated hypertension (often synonymous with malignant hypertension) is a medical emergency characterized by a sudden, severe rise in blood pressure, typically exceeding \(180/120 \text{ mmHg}\), accompanied by signs of acute organ damage, such as vision changes, kidney dysfunction, or severe headache. It requires immediate,, often inpatient, treatment to prevent permanent damage.**
8. **Key words must be given.**
9. **Abstract is good.**
10. **Result part should make tables with graphs for values.**
11. **Summary points also be added.**
12. **References should be with alphabetical order.**
13. **After those changes good to publish in your journal.**