



## REVIEWER'S REPORT

**Manuscript No.:** IJAR-57767

**Title:** Invasive Adrenal Pheochromocytoma in a Child Requiring Total

**Nephrectomy:** Anaesthetic Challenges,

**Recommendation:**

Accept as it is .....

Accept after minor revision.....

**Accept after major revision .....YES**

Do not accept (*Reasons below*) .....

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

**Reviewer's ID:** JPR-094

### Detailed Reviewer's Report

**# Reviewer's Report**

**# Overall Evaluation**

This manuscript presents a rare pediatric case of invasive adrenal pheochromocytoma associated with renal artery occlusion requiring adrenalectomy with total nephrectomy. The topic is clinically relevant because pediatric

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**pheochromocytoma with extensive vascular involvement is uncommon and perioperative anesthetic management is challenging. The manuscript highlights haemodynamic instability, haemorrhagic complications, invasive monitoring, and multidisciplinary perioperative care.**

**However, despite the potential clinical importance, the manuscript currently lacks sufficient patient-specific clinical detail, robust literature comparison, and methodological completeness expected for publication in a peer-reviewed journal. Major revision is recommended before reconsideration.**

### **# Strengths**

#### **## 1. Rare and Clinically Important Case**

- \* Pediatric invasive pheochromocytoma requiring nephrectomy is uncommon.**
- \* Combination of catecholamine crisis, vascular invasion, haemorrhagic shock, and nephrectomy increases educational value.**

#### **## 2. Anaesthetic Relevance**

**\* The manuscript appropriately emphasizes:**

- \* invasive haemodynamic monitoring,**
- \* alpha blockade,**
- \* vasoactive management,**
- \* perioperative instability,**
- \* transfusion strategy,**

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\* ICU postoperative care.

### ## 3. Logical Structure

\* The paper follows a standard case-report format:

- \* abstract,
- \* introduction,
- \* case presentation,
- \* perioperative management,
- \* discussion,
- \* conclusion,
- \* learning points.

### ## 4. Educational Value

\* Learning points are practical for anesthesiologists, intensivists, and pediatric surgical teams.

### ## 5. Multidisciplinary Perspective

\* Good emphasis on collaboration between surgery, anesthesia, and intensive care.

### # Weaknesses

#### ## 1. Lack of Essential Clinical Details (Major Limitation)

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**The manuscript omits critical patient-specific information:**

- \* age,
- \* sex,
- \* weight,
- \* presenting vitals,
- \* laboratory findings,
- \* catecholamine/metanephrine levels,
- \* ECG/echocardiography findings,
- \* renal function,
- \* intraoperative blood loss,
- \* duration of surgery,
- \* exact transfusion volume,
- \* postoperative follow-up.

**Without these details, the report appears incomplete.**

### **## 2. Imaging and Pathology Data Missing**

- \* No tumor dimensions are provided.
- \* Histopathological confirmation is absent.
- \* No immunohistochemistry findings.
- \* No TNM/staging or malignancy assessment.

**A publishable case report requires pathological confirmation.**

### **## 3. Literature Review is Superficial**

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- \* Discussion remains generalized and textbook-like.
- \* Very limited comparison with previously reported pediatric invasive pheochromocytoma cases.
- \* Novelty claim is weak because no literature synthesis supports rarity.

### ## 4. References are Outdated

Several references are old:

- \* 1995,
- \* 2000,
- \* 2004.

Recent evidence and perioperative guidelines should be added.

### ## 5. Ethical Statements are Incomplete

The statement:

> “Institutional requirements should be adapted according to local policy”

is not acceptable as written.

The manuscript should clearly state:

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- \* whether ethical approval was required,
- \* whether it was obtained,
- \* confirmation of written informed consent.

### ## 6. Writing Style Appears Generic

Several sections use repetitive and non-specific wording:

- \* “major anaesthetic challenge,”
- \* “favourable postoperative course,”
- \* “meticulous preparation.”

This gives the manuscript a narrative or AI-generated appearance rather than a detailed scientific report.

### ## 7. Insufficient Novelty Justification

The authors claim rarity but do not provide:

- \* incidence data,
- \* comparison table,
- \* review of similar pediatric cases,
- \* explanation of what makes this case uniquely publishable.

### # Key Points for Authors

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### **## Essential Revisions Required**

- 1. Add complete demographic and clinical information.**
- 2. Include biochemical confirmation of pheochromocytoma.**
- 3. Add tumor size and imaging characteristics.**
- 4. Include operative details:**
  - \* blood loss,**
  - \* transfusion amount,**
  - \* vasopressor doses,**
  - \* anesthesia drugs used.**
- 5. Provide histopathology findings.**
- 6. Add postoperative follow-up data.**
- 7. Expand literature review with recent pediatric reports.**
- 8. Clarify ethical approval and consent.**
- 9. Improve scientific precision and reduce repetitive wording.**
- 10. Add high-quality figures with legends.**

### **# Scientific Significance**

### **## Positive Aspects**

- \* Rare pediatric endocrine tumor.**
- \* Demonstrates complexity of perioperative anesthetic management.**
- \* Useful for pediatric anesthesia and oncologic surgery education.**

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### ## Limitations Affecting Significance

- \* Lack of objective clinical data limits scientific impact.
- \* Current manuscript functions more as a descriptive narrative than a rigorously documented medical case report.

### # Recommendation

### ## Decision: MAJOR REVISION

### ### Justification

Although the topic is clinically relevant and potentially publishable, the manuscript lacks the level of clinical documentation, scientific depth, and literature integration expected for indexed medical publication. Substantial revision is necessary before reconsideration.

### # Suggested Final Reviewer Comment

This manuscript presents an interesting and uncommon pediatric case of invasive adrenal pheochromocytoma requiring nephrectomy with important anesthetic implications. The topic is clinically valuable; however, the report currently lacks sufficient patient-specific clinical data, pathological confirmation, detailed perioperative parameters, and comprehensive literature comparison. The discussion remains largely descriptive and should be strengthened with updated references and

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**clearer novelty justification. Major revision is therefore recommended before the manuscript can be considered for publication.**

**Major Revision Justification (Line-by-Line Reviewer Comments)**

<b>Line No.</b>	<b>Issue Identified</b>	<b>Reason / Justification for Major Revision</b>
4–8	Overly generalized introduction in abstract	The abstract uses broad textbook-style statements without sufficient patient-specific novelty or quantitative clinical data.
8	“We report the case of a child”	Age, sex, and demographic information are missing. These are mandatory in a case report.
9–10	Renal artery occlusion mentioned without details	No explanation of severity, imaging measurements, renal perfusion findings, or functional assessment.
10	“Alpha-adrenergic blockade”	Drug name, dose, duration, and treatment protocol are not specified.
11–12	Anaesthetic management insufficiently detailed	No anesthetic agents, doses, airway technique, or monitoring parameters provided.
12	Thoraco-lumbar epidural analgesia	Epidural level, drugs used, infusion regimen, and safety considerations are absent.
13–14	Blood pressure fluctuations described vaguely	No actual haemodynamic values or intraoperative BP ranges are reported.
14	Nicardipine use	Dose, infusion rate, and duration are not stated.
14–15	Norepinephrine support inadequately described	Vasopressor dose and duration are absent.
15–17	Massive bleeding described without objective data	Estimated blood loss, transfusion volume, coagulation profile, and intraoperative labs are missing.
16–17	“Targeted fibrinogen administration”	No fibrinogen level or rationale for administration provided.
18	Total nephrectomy reported	Surgical justification is incomplete and lacks renal functional evaluation.
18–20	Postoperative recovery too briefly described	ICU stay, renal outcome, blood pressure follow-up, and long-term status are missing.
20–23	Conclusion of abstract overly generic	Statements are educational but insufficiently supported by detailed evidence from the presented case.
24–26	Keywords	Keywords are acceptable but could include

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<b>Line No.</b>	<b>Issue Identified</b>	<b>Reason / Justification for Major Revision</b>
		“paediatric anaesthesia” and “vascular invasion” for indexing improvement.
27–31	Introduction largely textbook-like	Limited originality and insufficient recent literature support.
29	“Less than 10% of reported cases”	Citation is missing for epidemiological statement.
32–35	General discussion of anaesthetic challenges	The section lacks recent guideline references and updated evidence.
36–38	Novelty claim not sufficiently justified	Authors do not compare this case with previously published pediatric invasive pheochromocytoma cases.
41	“A child was referred”	Critical patient demographics absent.
42–46	Imaging findings incomplete	Tumor dimensions, laterality, invasion extent, and radiological differential diagnosis not provided.
45–46	“Invasive pattern”	No pathological confirmation of invasion presented.
47–48	Surgical planning insufficiently described	Multidisciplinary discussion, preoperative risk assessment, and surgical rationale are not detailed.
50–53	Preoperative optimization inadequately documented	Blood pressure trends, heart rate, fluid therapy, and duration of optimization missing.
54–59	General anaesthesia section lacks technical depth	Specific induction agents, maintenance agents, ventilation parameters, and monitoring modalities absent.
57–58	“Progressive induction”	Scientifically vague terminology without procedural detail.
60–62	Epidural analgesia rationale incomplete	Risks of neuraxial blockade in haemodynamically unstable pheochromocytoma patients not critically discussed.
63–65	Intraoperative instability insufficiently quantified	Actual BP, HR fluctuations, arrhythmias, or catecholamine crises not documented.
66–70	Surgical complexity described narratively	More operative details and vascular involvement description required.
71–74	Haemorrhagic shock diagnosis insufficiently supported	No shock parameters, lactate levels, Hb trends, or coagulation profile provided.
75–77	Transfusion therapy	Number of blood units and transfusion protocol

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	incompletely reported	absent.
76–77	Coagulopathy management poorly documented	No ROTEM/TEG or coagulation laboratory evidence reported.
78–80	Nephrectomy justification incomplete	No renal function or ischemic assessment presented to support nephrectomy decision.
81–88	Postoperative outcome too limited	No postoperative laboratory values, renal status, BP control, or follow-up duration included.
89–93	Discussion section repetitive	Mostly repeats standard textbook information already stated in introduction.
94–99	Clinical discussion lacks depth	No comparison with similar published pediatric cases or operative outcomes.
98–99	“Rare comparable paediatric situations”	No literature citations provided to substantiate rarity claim.
100–105	Literature interpretation simplistic	Discussion lacks critical analysis and evidence synthesis.
106–110	Haemorrhagic complications discussion limited	No explanation of mechanisms, preventive measures, or transfusion strategy analysis.
111–113	Epidural analgesia discussion weak	Risks versus benefits not balanced adequately; evidence support limited.
114–116	Postoperative discussion superficial	No detailed ICU management or long-term prognosis discussed.
117–123	Conclusion too generalized	Conclusion restates known principles without emphasizing unique scientific contribution.
124–133	Learning points acceptable but generic	Learning points lack novel insights specific to this invasive pediatric presentation.
137	Ethics statement inappropriate	“Institutional requirements should be adapted according to local policy” is not acceptable for publication ethics compliance.
138	Consent statement incomplete	Consent should be explicitly confirmed, not conditionally stated.
140–146	Figure legends incomplete	No figure quality description, scale, imaging annotations, or pathology explanation.
147–155	References outdated and limited	Most references are old and insufficient for current perioperative pheochromocytoma management standards.
Overall	Lack of pathology	Histopathology confirmation and

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Line No.	Issue Identified	Reason / Justification for Major Revision
Manuscript	findings	immunohistochemistry are essential for case validity.
Overall Manuscript	Possible AI/template-style writing	Repetitive phrasing and generalized scientific language reduce manuscript authenticity and scientific rigor.
Overall Manuscript	Limited scientific depth	Manuscript resembles an educational narrative rather than a fully documented academic case report.
Overall Manuscript	Insufficient novelty demonstration	Authors fail to clearly establish what distinguishes this case from existing literature.

### Overall Recommendation: MAJOR REVISION

#### *Main Reasons*

Missing essential clinical and pathological data.

Insufficient perioperative quantitative information.

Weak literature review and novelty justification.

Incomplete ethical documentation.

Outdated references.

Overly generalized narrative writing style.

Limited scientific depth for indexed journal publication.

#### *Reviewer Recommendation*

The manuscript addresses a rare and clinically important pediatric anesthetic scenario; however, substantial revision is required to improve scientific completeness, methodological rigor, literature integration, and reporting quality before the manuscript can be considered suitable for publication.

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