



### REVIEWER'S REPORT

Manuscript No.: IJAR-57767

**Title:** Invasive Adrenal Pheochromocytoma in a Child Requiring Total Nephrectomy: Anaesthetic Challenges.

**Recommendation:**

Accept after minor revision.....

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

Reviewer's ID: JPR-198

### *Detailed Reviewer's Report*

This case report describes the perioperative management of a child with an invasive adrenal pheochromocytoma causing ipsilateral renal artery occlusion, requiring adrenalectomy and total nephrectomy. The anaesthetic challenges (catecholamine surges, haemorrhagic shock, coagulopathy) and management strategies are well presented. The case is clinically relevant and educational.

#### Major Comments

- Patient demographics missing** – Age and sex of the child are not stated anywhere. “A child” is insufficient for a paediatric case report. Provide age (years/months) and weight.
- Informed consent and ethics statement unclear** – The “Declarations” section uses speculative language (“should be confirmed before submission”). Confirm that written informed consent was obtained from the legal guardian and provide ethics approval details.
- Limited references** – Only 4 references, including one from 1995 and one from 2000. Recent literature on paediatric pheochromocytoma and goal-directed coagulation management (e.g., viscoelastic testing) is missing.
- Preoperative alpha-blockade details lacking** – Which agent? Dose? Duration? Blood pressure targets? Not described

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### Minor Comments

5. **Abstract** – Mentions “thoraco-lumbar epidural analgesia” but does not specify catheter placement timing (pre-induction? after induction?).
6. **Introduction** – Very short; could briefly cite paediatric incidence and mortality data.
7. **No mention of intraoperative coagulation monitoring** – Fibrinogen was given, but no ROTEM/TEG or fibrinogen level provided.
8. **Figures** – Referenced (Figures 1–3) but not included in the submitted file. Ensure high-quality images with patient anonymization.
9. **Learning Points** – Useful addition but somewhat redundant with conclusion.