



REVIEWER'S REPORT

Manuscript No.: IJAR-57771

Title: Chylothorax Following Bidirectional Cavopulmonary Shunt (Glenn Procedure) in an Infant with Complex Congenital Heart Disease: A Case Report.

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 a 17-month-old infant with single-ventricle physiology who developed chylothorax after a Glenn procedure. The diagnosis was confirmed by pleural fluid triglyceride level (2.68 mmol/L). Conservative management with diuretics, chest drainage, and aspirin led to recovery. The case is well presented and clinically relevant.

Major Comments

- Figures** – manuscript does not cite any figures within the text. Images on line 47 and 49 needs proper labeling and should be cited in the text. Submit high-quality, anonymized images with proper labelling for each image.
- Treatment details incomplete** – Management description mentions furosemide, aspirin, and chest tube drainage but **does not mention medium-chain triglyceride (MCT) diet**, which the discussion identifies as the “cornerstone” of conservative management. Was MCT diet used? If not, why? This is a critical omission.
- No mention of octreotide** – Discussion states octreotide should be used in treatment failure; was it considered? The patient improved without it, but clarify.
- “Purulent-appearing fluid” but no culture/sensitivity** – Table 2 shows “sterile” cytobacteriological exam. State explicitly that cultures were negative (not just sterile on gram stain).

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Minor Comments

- **Abstract** – States “pseudochylothorax” in first sentence but this is not discussed further. Remove or clarify (pseudochylothorax is different from chylothorax).
- **Age** – 17 months. Was the Glenn procedure performed at 16 months? Typical timing varies; state age at surgery.
- **Laboratory table formatting** – Table 1 shows ranges (e.g., Hb 11.7–13.7 g/dL) rather than actual patient values. Provide exact admission values.
- **Aspirin rationale** – “Antiplatelet and anti-inflammatory properties in cavopulmonary circulation” – cite a reference or explain more clearly.
- **No fluid output or chest tube duration** – How many days was chest tube in place? Total drainage volume?
- **No follow-up** – After transfer to non-ICU ward, any recurrence? Length of hospital stay?