



REVIEWER'S REPORT

Manuscript No.: IJAR-57992

Title: Ultrasound-Guided TAP Block in Pediatric Surgery: Does Adding Dexmedetomidine to Bupivacaine Improve Analgesic Outcomes?.

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 manuscript evaluates whether adding dexmedetomidine to bupivacaine in ultrasound-guided TAP block improves analgesic outcomes in pediatric lower abdominal surgery. The topic is clinically relevant and falls within perioperative medicine and pediatric anesthesia.

The study reports better postoperative analgesia, lower pain scores, reduced opioid consumption, and fewer rescue analgesic requirements in the dexmedetomidine group. The findings are generally consistent with existing literature and support the use of dexmedetomidine as an adjuvant.

However, there are several concerns. The manuscript repeatedly mentions that the study was based on an "attached dataset" or "source paper," raising uncertainty about whether this represents original clinical research or a secondary analysis. The methodology lacks important details such as sample size calculation, randomization procedure, blinding, ethical approval, and adverse event reporting. The dexmedetomidine dose (0.1 µg/kg) also appears unusually low compared with most published pediatric TAP block studies and should be verified. No safety outcomes such as bradycardia, hypotension, sedation, or block-related complications are reported.

The discussion is largely descriptive and does not critically compare findings with previous studies. Despite promising results, methodological clarification is required before the conclusions can be fully accepted.