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REVIEWER□S REPORT

Manuscript No.: IJAR-58101

Title: Carpal Tunnel Syndrome in Rheumatoid Arthritis: Performance Assessment of High Resolution Ultrasound and Electrophysiological Studies as A Diagnostic Tool

Recommendation:
Accept as it is □□□□..
Accept after minor revision□√□□
Accept after major revision □□□□□
Do not accept (*Reasons below*) □□□

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

Reviewer ID: JP085

Reviewer's Comment for Publication.

This cross-sectional study evaluated the diagnostic performance of high-resolution ultrasound (USG) and nerve conduction velocity (NCV) studies for detecting carpal tunnel syndrome (CTS) in patients with rheumatoid arthritis (RA). Sixty RA patients were assessed using DAS28 disease activity scoring, NCV testing, and ultrasound measurement of median nerve cross-sectional area. The study found a strong agreement between ultrasound and NCV findings, and CTS was highly prevalent among RA patients.

Strength:

1. Clinically relevant topic combining rheumatology and neurology.
2. Clear study objective and methodology.
3. Uses both ultrasound and electrophysiological testing for comparison.
4. Appropriate disease activity assessment using DAS28.
5. Demonstrates significant agreement between USG and NCV findings.
6. Practical implications for early diagnosis of CTS in RA patients.
7. Statistical analysis appears appropriate and well presented.

Weakness:

1. MostlyRelatively small sample size (60 patients).
2. Single-center study limits generalizability.
3. Cross-sectional design cannot establish causality.
4. No healthy control group for comparison.
5. Severe CTS cases appear underrepresented.
6. Limited discussion of ultrasound operator variability and reproducibility.
7. Minor grammatical and formatting errors throughout the manuscript.

Overall assessment:

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The manuscript addresses an important complication of rheumatoid arthritis and demonstrates that ultrasound can be a valuable complementary tool alongside NCV for CTS diagnosis. The findings support the use of musculoskeletal ultrasound as a non-invasive and accessible diagnostic modality. However, larger multicenter studies with control groups are needed to strengthen the evidence and improve generalizability.

Recommendation: Manuscript accepted for publication after minor revision.