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REVIEWER□S REPORT

Manuscript No.: IJAR-58199

Title: Acute Kidney Injury in Intensive Care: Clinical Profile, Prognosis, and Factors Associated with Renal Replacement Therapy.

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 retrospective observational study evaluated the incidence, risk factors, management, and outcomes of Acute Kidney Injury (AKI) in patients admitted to the Surgical Intensive Care Unit (SICU). Among the critically ill patients, 32.8% developed AKI, 22.7% required renal replacement therapy (RRT), and the overall mortality was 61.8%. Chronic kidney disease, AKI at admission, and multiorgan failure were identified as significant predictors of RRT. The study emphasizes early detection, prevention, and long-term nephrology follow-up to improve patient outcomes.

Strength:

1. Addresses an important critical care topic.
2. Appropriate statistical analysis, including multivariate analysis.
3. Identifies clinically relevant predictors of RRT.
4. Results are clearly presented with tables.
5. Provides practical recommendations for ICU management and follow-up.
6. Discussion is supported by relevant literature.

Weakness:

1. Single-center retrospective study limits generalizability.
2. Long-term patient outcomes were not fully evaluated.
3. Limited information on treatment protocols and timing of interventions.
4. Small sample size may reduce statistical power.
5. Minor language and formatting corrections are needed.
6. More detailed discussion of study limitations would strengthen the manuscript.

Overall assessment:

The manuscript provides valuable information on the burden and prognosis of AKI in surgical ICU patients. The findings are clinically relevant and can help improve early identification and management

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of high-risk patients. Minor revisions in language, methodology description, and discussion would further improve the quality of the manuscript.

Recommendation: Manuscript accepted for publication after minor revision.