

REVIEWER'S REPORT

Manuscript No.: IJAR-59442

Title: Atraumatic Distal Tibial Fracture as the First Presentation of Sjögren Syndrome With Distal Renal Tubular Acidosis, Hypokalemic Paresis, and Nephrocalcinosis

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.

The article reports a 45-year-old woman who presented with weakness of all four limbs and a history of a fracture without significant trauma. Investigations revealed severe hypokalemia, metabolic acidosis, and bilateral nephrocalcinosis. Further evaluation suggested Sjögren syndrome with distal renal tubular acidosis. The patient's symptoms and laboratory abnormalities improved following treatment. The case highlights the importance of investigating underlying renal and autoimmune disorders in patients with unexplained fractures and muscle weakness.

Strength:

1. The article describes an unusual clinical presentation of Sjögren syndrome.
2. The patient's symptoms and medical history are explained in detail.
3. Relevant laboratory investigations and imaging findings are presented.
4. The relationship between renal tubular acidosis and metabolic bone disease is discussed.
5. The article includes relevant previous case reports.
6. The treatment and one-month follow-up are described.
7. The article highlights the importance of early diagnosis and appropriate treatment.

Weakness:

1. The study describes only one patient, so the findings cannot be generalized.
2. The exact cause of the fracture is not confirmed by bone mineral density testing or other definitive investigations.
3. The diagnosis of osteomalacia is not confirmed, although metabolic bone disease is suspected.
4. The detailed histopathological findings of the salivary gland biopsy are not provided.
5. Anti-SSA/Ro and anti-SSB/La antibodies were negative, so the basis for diagnosing Sjögren syndrome should be explained more clearly.
6. The reason for starting corticosteroid treatment and its specific benefits should be explained.

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7. The patient's fracture healing and subsequent orthopedic outcome are not reported.
8. The follow-up period of one month is too short to assess long-term renal and bone outcomes.

Overall assessment:

The article presents an interesting case in which an atraumatic fracture and muscle weakness led to the diagnosis of Sjögren syndrome-associated distal renal tubular acidosis. The clinical findings are useful, but additional diagnostic details, clarification of the bone disease, and longer follow-up would strengthen the manuscript.

Recommendation: Manuscript accepted for publication after minor revision.