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REVIEWER'S REPORT

Manuscript No.: IJAR-59765

Title: Anesthetic Practice and Perioperative Adverse Events in Pediatric Emergency Surgery: A Prospective Study of 522 Cases at a Moroccan University Hospital.

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 Name: Dr S. K. Nath

Detailed Reviewer's Report

Strength of the study:

- Addresses an important issue in pediatric emergency anesthesia.
- Includes 522 children over a 12-month study period.
- Covers a wide age range, from newborns to 15 years.
- Describes inhalational and intravenous induction practices.
- Reports respiratory, cardiovascular and temperature-related adverse events.
- Includes postoperative outcomes and mortality data.
- Discusses the importance of airway preparation and temperature control.
- Identifies areas for improving perioperative safety.

Weakness of the study:

- Exact study dates are not provided.
- Ethical approval and informed consent details remain as placeholders.
- Definitions of individual adverse events are unclear.
- The study does not include risk-factor analysis.
- ASA status and preoperative clinical severity are missing.
- Causes and follow-up period of postoperative deaths are not reported.
- Antibiotic use categories require clarification.
- Several sections contain incomplete methodological details and author declarations.

Reviewers Comments:

The manuscript presents a relevant prospective study of anesthetic practices and perioperative adverse events in 522 children undergoing emergency surgery. The sample size and inclusion of different pediatric age groups are positive features. However, important methodological information is incomplete. Exact study dates, recruitment procedures and operational definitions of adverse events must be provided. The reported respiratory event rate of 33.9% requires clearer explanation, as the severity and individual event categories are not specified. The authors should also report ASA status, preoperative clinical conditions and the causes of postoperative deaths. The mortality rate should not be attributed to anesthesia without supporting evidence. Most importantly, ethical approval and informed consent details are still placeholders and must be completed. The manuscript is generally understandable, but several sections need better organization and clearer reporting. The reference list is limited but relevant. Overall, the study has clinical value, but substantial methodological clarification and revision are required before publication.

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Previously Published anywhere/Plagiarism check:
A web search did not identify an exact match for the submitted title. However, large studies such as APRICOT and NECTARINE have previously examined perioperative complications in pediatric anesthesia. These studies cover related topics but do not establish plagiarism. The authors should clarify the originality of their Moroccan emergency surgery dataset, acknowledge relevant previous research and complete a formal similarity check before publication.