



REVIEWER'S REPORT

Manuscript No.: IJAR- 50391

Date: 22/02/2025

Title: "Large Colorectal Foreign Body Voluntarily Introduced: A Case Report"

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

Date: 24/02/2025

Reviewer's Comment for Publication:

This case report provides valuable insights into the diagnostic and therapeutic challenges associated with large intra-rectal foreign bodies. The paper effectively addresses the importance of early diagnosis, a multidisciplinary approach, and patient-centered care. However, future studies should focus on a larger sample size, advanced imaging techniques, psychological evaluations, and long-term follow-ups to build more comprehensive clinical guidelines.

Reviewer's Comment / Report

Strengths of the Study

- 1. Unique Case Presentation:** The report presents a rare and clinically significant case of an intra-rectal foreign body (IRFB) involving a voluntarily inserted large object (mortadella sausage). It effectively highlights the challenges in diagnosis, management, and the social stigma often associated with such cases, which can delay medical intervention.
- 2. Comprehensive Clinical Approach:** The case is presented systematically, covering patient history, clinical examination, diagnostic imaging, treatment procedures, and postoperative care. A multidisciplinary management strategy is emphasized, which is vital in cases involving IRFBs to minimize complications and ensure a holistic approach to patient care.
- 3. Clear Discussion on Diagnostic Challenges:** The paper underscores the difficulties in diagnosing non-radio-opaque objects, stressing the need for alternative imaging methods such as CT scans when X-rays are inconclusive.
- 4. Practical Treatment Recommendations:** It provides detailed information on extraction methods based on object size, location, and complications, which is useful for clinical decision-making. The focus on minimally invasive transanal extraction under sedation and the importance of postoperative observation are well-articulated.
- 5. Emphasis on Psychological Support:** The paper appropriately suggests psychological evaluation or counseling for patients with recurring self-insertion behavior or underlying psychiatric issues, highlighting a holistic approach to patient care.

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6. Use of Relevant References: The literature review is supported by credible references, adding depth and reinforcing the scientific validity of the discussion on IRFBs.

Weaknesses and Areas for Improvement

1. Single-Case Limitation: As a case report, the findings cannot be generalized. Including comparisons with similar cases or a brief literature review of other reported cases would strengthen the scientific contribution.

2. Limited Psychological Insight: While the need for psychological evaluation is mentioned, the paper does not explore potential psychological triggers, such as compulsive behavior or underlying mental health conditions, in detail.

3. Imaging Limitations Not Addressed Thoroughly: Although it mentions challenges with non-radio-opaque foreign bodies, the report could benefit from discussing advanced imaging techniques (e.g., CT scans, endoscopic imaging) more extensively.

4. Lack of Long-Term Follow-Up: The study focuses on the immediate postoperative outcome but does not address long-term follow-up to monitor for complications such as infection, rectal injury, or psychological recurrence.

5. Language and Formatting Issues: The paper contains minor grammatical errors and repetitive phrasing, such as repeating the same sentence in the introduction. Figures referenced in the text (e.g., Figures 1, 2, and 3) lack accompanying images or proper captions, which affects the clarity of visual content.

Suggestions for Future Research

1. Multi-Case Series: Conduct a comparative analysis of multiple IRFB cases to identify common risk factors, complications, and treatment outcomes for better clinical guidelines.

2. Psychological Profiling: Include psychological assessments to explore underlying behavioral or psychiatric conditions leading to self-insertion, helping develop preventive strategies.

3. Advanced Imaging Study: Investigate the role of MRI and CT scans in diagnosing IRFBs that are not visible on X-rays, especially for non-radio-opaque materials.

4. Postoperative Monitoring Study: A study focusing on long-term follow-up for patients with IRFBs could help understand delayed complications and develop guidelines for post-treatment care.

5. Development of Management Protocols: Establish standardized treatment protocols for handling IRFB cases in emergency settings to improve patient outcomes and reduce complications.