



### REVIEWER'S REPORT

Manuscript No.: IJAR-50404

Date: 26-02-2025

**Title: Hepatic Abscess Complicated by DIC in a Diabetic Patient: A Diagnostic and Therapeutic Challenge**

**Recommendation:**

- Accept as it is.....**YES**.....
- Accept after minor revision.....
- Accept after major revision .....
- Do not accept (*Reasons below*) .....

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

**Reviewer's Name:** Dr Aamina

**Reviewer's Decision about Paper:**      **Recommended for Publication.**

**Comments** (*Use additional pages, if required*)

### *Reviewer's Comment / Report*

The paper, "Hepatic Abscess Complicated by DIC in a Diabetic Patient: A Diagnostic and Therapeutic Challenge," presents a well-documented case study that highlights the complexity of managing hepatic abscesses in diabetic patients, particularly when complicated by disseminated intravascular coagulation (DIC). The structured approach, incorporating clinical presentation, diagnostic evaluation, and therapeutic management, offers a comprehensive insight into this challenging medical scenario.

#### **Strengths of the Paper**

**1. Clinical Relevance and Importance:**

The paper effectively underscores the significance of hepatic abscesses in diabetic patients, emphasizing their potential severity and life-threatening complications. By

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illustrating the association with DIC, the case highlights the intricate interplay between infectious and hematological disorders.

### 2. Detailed Case Presentation:

The case description is thorough, providing essential details on the patient's medical history, clinical presentation, and laboratory findings. The inclusion of vital signs, biochemical markers, and imaging findings enhances the depth of the clinical discussion. The step-by-step account of the patient's condition from admission to recovery contributes to a well-rounded clinical perspective.

### 3. Clear Pathophysiological Explanation:

The discussion effectively outlines the mechanisms underlying hepatic abscess formation in diabetic patients, the role of immunosuppression, and the pathways leading to DIC. The paper demonstrates a solid understanding of disease processes, linking microbiological findings with systemic complications.

### 4. Strong Use of Diagnostic and Therapeutic Frameworks:

The article follows a structured diagnostic approach using laboratory tests, imaging modalities, and microbiological cultures. It aligns well with current clinical guidelines by emphasizing early antibiotic initiation, percutaneous abscess drainage, and supportive care. The discussion of imaging-guided interventions highlights contemporary management strategies.

### 5. Evidence-Based Discussion:

The paper integrates relevant literature, citing key studies on hepatic abscess etiology, bacterial pathogens, and the pathogenesis of DIC. The references to *Klebsiella pneumoniae* predominance in Asian populations, septic phlebitis, and delayed drainage contributing to worsening DIC add scientific rigor to the discussion.

### 6. Logical Flow and Readability:

The document is well-structured, following a clear sequence from abstract to discussion. The logical organization of information ensures clarity, and the use of tables and imaging references enhances comprehensibility. The clinical findings, interventions, and outcomes are systematically presented, making the discussion engaging and easy to follow.

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### **Conclusion**

The paper provides an insightful and well-articulated case study on hepatic abscess complicated by DIC in a diabetic patient. It successfully combines clinical details with pathophysiological mechanisms and therapeutic considerations, offering valuable knowledge for medical professionals dealing with complex infectious cases.