



### REVIEWER'S REPORT

Manuscript No.: IJAR-50416

Date: 26-02-2025

**Title:** Atrogenic Gastric Perforation in an 18-Month-Old Infant: A Case Report

**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

**Summary:** This case report presents a rare but critical instance of iatrogenic gastric perforation in an 18-month-old Moroccan infant following a sequence of medical interventions. The study meticulously outlines the clinical progression, diagnostic measures, and therapeutic interventions undertaken, emphasizing the severe complications encountered. The case underscores the need for heightened vigilance when managing pediatric patients undergoing invasive procedures.

**Clinical Significance:** The report highlights the potential complications associated with nasogastric tube insertion in critically ill pediatric patients, particularly in the presence of prolonged mechanical ventilation and stress-related mucosal changes. The detailed chronology of clinical events provides valuable insights into the sequence leading to gastric perforation and its catastrophic consequences.

**Methodology and Case Presentation:** The retrospective analysis is well-structured, providing a comprehensive review of the medical records. The chronological description of events from initial admission for suspected foreign body ingestion to the eventual fatal outcome is meticulously documented. The inclusion of imaging findings, such as the thoraco-abdominal CT scan revealing massive pneumoperitoneum, strengthens the diagnostic narrative.

**Therapeutic Approach:** The report effectively describes the emergency laparotomy, gastric suturing, and extensive peritoneal lavage undertaken in an attempt to manage the perforation. Despite aggressive

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resuscitation measures, the patient succumbed to hypovolemic shock, emphasizing the severity and high-risk nature of gastric perforations in young infants.

**Conclusion:** This case report serves as an important reminder of the potential life-threatening complications arising from invasive medical procedures in pediatric patients. The discussion aligns well with existing literature on stress-related mucosal damage and procedural complications in intensive care settings. The report contributes valuable clinical insights for pediatricians, intensivists, and surgeons managing similar high-risk cases.