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## REVIEWER'S REPORT

Manuscript No.: IJAR-50494

Date: 04-03-2025

**Title: Prune Belly syndrome: 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*)

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### Reviewer's Comment / Report

#### Overall Assessment

This case report presents a comprehensive and well-documented account of Prune Belly Syndrome (PBS), a rare congenital malformation primarily affecting male neonates. The report provides a thorough description of the clinical presentation, diagnostic approach, management, and outcome of the case. The manuscript is well-structured, with clear sections detailing the abstract, introduction, case report, discussion, and relevant literature references.

#### Abstract Review

The abstract effectively summarizes the key aspects of the case, including the clinical triad of PBS, its suspected genetic etiology, diagnostic considerations, and the importance of early

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intervention. The case details, including the unfortunate outcome, highlight the severity of PBS and the necessity of a multidisciplinary approach in management. The use of concise language ensures clarity and relevance to the medical audience.

### Introduction Review

The introduction provides a strong contextual background on PBS, emphasizing its rarity, clinical characteristics, and potential genetic underpinnings. The inclusion of prevalence data, possible associations with chromosomal abnormalities, and the importance of early diagnosis effectively sets the stage for the case presentation. The discussion of PBS prognosis, ranging from severe to near-normal survival, adds to the clinical significance of the study.

### Case Report Review

The case report is systematically presented, detailing the perinatal history, clinical examination findings, imaging results, and surgical intervention. The description of antenatal findings, birth details, and postnatal progression provides a well-rounded view of the patient's medical journey. The repeated hospitalizations due to urinary tract infections and dehydration leading to mortality underscore the challenges associated with PBS management. The inclusion of a clinical image (Figure 1) further enhances the report's value by providing visual evidence of the characteristic abdominal features.

### Discussion Review

The discussion effectively integrates historical and contemporary perspectives on PBS, outlining its clinical manifestations and systemic implications. The historical reference to Parker's description of PBS and the mention of additional organ system involvement reinforce the syndrome's complexity. The exploration of genetic factors, including familial cases and the lack of definitive genetic mutations, highlights the gaps in current knowledge. This section aligns well with the case findings and underscores the challenges in PBS prognosis and management.

### Key Strengths

- **Comprehensive Case Description:** The report provides a detailed account of the patient's medical history, clinical findings, investigations, management, and outcomes.
- **Strong Literature Contextualization:** The manuscript effectively places the case within the broader context of PBS, discussing both historical and recent perspectives.

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- **Clarity and Conciseness:** The language is clear and professional, making the report accessible to a medical audience.
- **Relevance to Clinical Practice:** The case highlights the importance of early diagnosis, multidisciplinary management, and the potential complications associated with PBS.