ISSN: 2320-5407
ISSN NO. 2320-5407
International Journal of Advanced Research
Publisher's Name: Jana Publication and Research LLP
www.journalijar.com

REVIEWER'S REPORT

Manuscript No.: IJAR- 50835 Date: 29/03/2025

Title: "A comparative study of accuracy of FAST vs CECT abdomen in blunt trauma abdomen patients with Solid Organ Injury"

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: 29/03/2025

Reviewer's Comment for Publication:
This study provides valuable insights into the diagnostic capabilities of FAST and CECT in detecting solid organ injuries in patients with blunt abdominal trauma. While FAST offers a rapid, non-invasive initial assessment, CECT remains the gold standard due to its higher accuracy. However, limitations such as sample size and potential biases should be addressed in future studies. Further research with a larger, multi-center dataset is recommended to validate these findings and enhance trauma management protocols.

Reviewer's Comment / Report

Strengths

1. **Clear Aim and Objectives** – The study aims to compare the accuracy of FAST (Focused Assessment with Sonography for Trauma) versus CECT (Contrast-Enhanced Computed Tomography) in evaluating patients with blunt abdominal trauma. The objectives are well-defined, making the research focused and relevant.

2. **Methodology** – The study follows a structured methodology by prospectively collecting data from 100 patients, ensuring a systematic approach to data collection.

3. **Clinical Relevance** – The research is highly relevant to emergency medicine and trauma care, providing valuable insights into the sensitivity and specificity of diagnostic tools.

4. **Data-Driven Analysis** – The study appears to employ statistical analysis to evaluate the diagnostic accuracy of FAST and CECT, strengthening its findings.

Weaknesses

1. **Limited Sample Size** – A study with only 100 patients may not provide a sufficiently large dataset to generalize findings across a broader population.

2. **Potential Bias** – Since all data was collected from a single hospital, the results may be influenced by location-specific factors such as operator experience and equipment quality.

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3. **Lack of Long-Term Follow-Up** – The study does not seem to address long-term patient outcomes, which could be important in determining the overall effectiveness of the diagnostic methods.

4. **Missing Statistical Details** – If not explicitly discussed, the absence of sensitivity, specificity, and predictive value calculations would weaken the paper's conclusions.