

Review Form 1.6

Journal Name:	Asian Journal of Case Reports in Surgery
Manuscript Number:	Ms_AJCRS_91037
Title of the Manuscript:	Mesenteric Adenolymphitis Rare Cause of Abdominal Pain Stimulating Acute Appendicitis
Type of the Article	Case study

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

<https://www.journalajcrs.com/index.php/AJCRS/editorial-policy>)

PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	<p>Introduction : Mesentric adenolymphitis is inflammation of intra abdominal lymph nodes as the lymph nodes are not located along abdominal wall, but along mesentery of bowel.</p> <p>Case Presentation : More negative history of abdominal complaints can be added (nausea, vomiting, anorexia, constipation, obstipation) and urinary complaints (as ureteric colic / calculus being another differential diagnosis). Clinical examination : Mc Burney (kindly correct spelling). Comment on rebound tenderness may add to the support of strong clinical suspicion part. Leukocytosis itself means a raised TLC, no requirement of HYPERLEUKOCYTOSIS. Please clarify the meaning of abec BHCG count. Ultrasound findings if any can add to the case clarity and strength.</p> <p>Why was therapeutic abstention done in this incase inspite of a leukocytosis, please clarify.</p>	
Minor REVISION comments	<p>Case Presentation: It is mentioned in discussion that To confirm the diagnosis of mesenteric adenolymphitis it is necessary to use blood cultures, urine microscopy or an abdominal scan. If the reports are available please mention in case details.</p> <p>Evolution of symptoms rather than patient will be more clear.</p> <p>Details of other lymphoid organ examination if available can be mentioned.</p>	
Optional/General comments	<p>Sentences can be split, made short and more clear. Grammatical errors often leads to difficulty in interpretation at multiple places. If corrected would benefit a large reader population.</p>	

PART 2:

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Are there ethical issues in this manuscript?	<p><i>(If yes, Kindly please write down the ethical issues here in details)</i></p> <p>Ethical issue that can pop-up is why only conservative management with analgesics only in spite of leukocytosis? Why was antibiotic not started?</p>	

Reviewer Details:

Name:	Arun Kumar M
Department, University & Country	AFMC, India