

Review Form 1.7

Journal Name:	Journal of Advances in Medicine and Medical Research
Manuscript Number:	Ms_JAMMR_95979
Title of the Manuscript:	Uncommon Adrenal Incidentalomas : A Case Series
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.journaljammr.com/index.php/JAMMR/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)
<p>Compulsory REVISION comments</p> <ol style="list-style-type: none"> Is the manuscript important for scientific community? (Please write few sentences on this manuscript) Is the title of the article suitable? (If not please suggest an alternative title) Is the abstract of the article comprehensive? Are subsections and structure of the manuscript appropriate? Do you think the manuscript is scientifically correct? Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form. <p>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</p>	<p>An adrenal incidentaloma is an unsuspected tumor in one or both adrenal glands. This type of tumor is usually found by chance during an imaging test, such as an ultrasound or CT scan, for another condition. Adrenal tumors can be either non-functional or functional. Functional adrenal tumors make hormones in higher amounts than normal. Both cancerous and non-cancerous tumors can produce too much hormone. Tumors can sometimes make too much of more than one hormone. The prevalence of incidentally discovered adrenal masses ("incidentalomas") varies considerably across studies. One reason is that typical cohort studies involve patients who undergo computed tomography (CT) for some clinical reason, which could bias both overall prevalence and the proportion of lesions that are hormonally active or malignant. Adrenal insufficiency should be the first consideration, especially with bilateral adrenal incidentalomas (AIs). A corticotropin test with 60-minute cortisol levels helps rule out the diagnosis. If found, suspect granulomatous disease, hemorrhage, or lymphoma. A 21-hydroxylase deficiency can also be diagnosed with a 60-minute post-corticotropin plasma 17-hydroxyprogesterone level. The diagnosis should be confirmed with a second test. According to guidelines issued by the American Association of Clinical Endocrinologists (AACE) and American Association of Endocrine Surgeons (AAES) in 2009 for the management of AIs, a 2-day low-dose dexamethasone suppression test is a suitable second test. Advances in modern imaging have made it a powerful ally in delineating benign from malignant processes. The most common imaging modality is CT. Chemical shift magnetic resonance imaging (CSI) provides additional information. Laparoscopic adrenalectomy should be the gold standard for the surgical removal of adrenal masses.</p> <p>The paper is important for scientists, very well written and documented by illustrations; references should be enriched.</p> <p>Guidelines for the management of the incidentally discovered adrenal mass <i>Can Urol Assoc J. 2012 August; 6(4): 244.</i></p>	
<p>Minor REVISION comments</p> <ol style="list-style-type: none"> Is language/English quality of the article suitable for scholarly communications? 		
<p>Optional/General comments</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)
<p>Are there ethical issues in this manuscript?</p>	<p><i>(If yes, Kindly please write down the ethical issues here in details)</i></p>	

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Reviewer Details:

Name:	Tamiolakis Dimitrios
Department, University & Country	University of Crete, Greece