Review Form 1.6

Journal Name:	**Asian Journal of Research and Reports in Endocrinology**
Manuscript Number:	**Ms_AJRRE_87162**
Title of the Manuscript:	**Familial precocious puberty limited to the male: Report of a case of testotoxicosis at The Child´s Health National Institute, Lima – Peru.**
Type of the Article	

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:

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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	**The title long alternative below** **A CASE OF FAMILIAL MALE-LIMITED PRECOCIOUS PUBERTY WITH MUTATION OF *(LHCGR*) GENE ,Peru EXPERIENCE** **Abstract: Familial male-limited precocious puberty (FMPP), also known as testotoxicosis, is a rare cause of precocious puberty in males. It is caused by a mutation in the luteinizing hormone/chorionic gonadotropin receptor (LHCGR) gene, resulting in the receptor being constitutively activated . This causes excessive production of testosterone, leading to precocious puberty in males.** **Therapy is aimed to decrease the effects of testosterone, as well as stopping the conversion of testosterone to estrogen, in this direction using bicalutamide and anastrozole have been promising** **# In this report, we present a 5-year old male child with FMPP due to mutation in the LHCGR gene who presented with precocious puberty** **And highlights on the importance of early diagnosis and treatment** **Keywords** **#bone age, short stature, adult height** **Abbreviations list must be added** **Introduction** **# is a very rare cause of precocious puberty seen exclusively in males** **# HHG change to HPG axis** **Case presentation** **# Presented to our hospital, the parents noticed, that he was aggressiveness, accelerated linear growth and increase in penis size since 4 years of age, with axillary odor** **# He was a product of caesarean section, with a birth weight 3270 gr, length 50cm and head circumference 34.5 cm. he was the first –born child for the family # That resolved without complications.** **If there, was a history of exposure to creams, gels, or medications containing testosterone?** **# Consanguinity negative also for similar condition** **# Body Mass Index (BMI) not applied for children alternative BMI charts.** **Is it stretched penile length?** **# Normal values (references) for your lab. results? In addition, the LH/FSH ratio before and after stimulation?** **Is it adrenocorticotropic hormone (ACTH) stimulation test was performed to ruled out congenital adrenal hyperplasia?** **Scrotal ultrasound study?** **# The dose of triptorelin?** **#The guidelines for triptorelin treatment in CPP is 0 dose then after 2 weeks then every 28 weeks** **# The LH and FSH findings are prepubertal why started triptorelin? The HPG axis not activated** **# How the growth velocity calculated per year after 4 months?** **The optimal period for growth velocity one year and the minimal period 6 months.** **Discussion: This information must be listed in the introduction not in the discussion; in discussion, the author discusses his clinical findings, laboratory results, genetic study and medical imaging to reach the diagnosis and then compares his findings with other studies. for example In our patient (based on the clinical findings along with the genetic study and laboratory results were all consistent with diagnosis of FMPP.....etc** **Conclusion must be mentioned** **we conclude from this case report that:** **FMPP is a rare disorder that is still being studied. No therapy guidelines have been established for this condition. Because of the limited number of reported cases, small sample sizes, and short-term outcomes. However, this case**	

	report contributes with favourable findings, regarding the use of antiandrogen therapy and third-generation aromatase inhibitors in the treatment of FMPP and highlights on the importance of monitoring growth. Also adds to the literature by demonstrating a (*LHCGTR*) receptor gene mutation that responded well to a combination of. bicalutimide and anastrozole.	
Minor REVISION comments		
Optional/General comments		

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?	*(If yes, Kindly please write down the ethical issues here in details)*	

Reviewer Details:

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