

## Review Form 1.6

Journal Name:	<a href="#">Journal of Pharmaceutical Research International</a>
Manuscript Number:	Ms_JPRI_76683
Title of the Manuscript:	RARE PRESENTATION OF GALL BLADDER ADENOMYOMATOSIS
Type of the Article	Case Reports

### **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:

(<http://peerreviewcentral.com/page/manuscript-withdrawal-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)
<b>Compulsory</b> REVISION comments	I have found the following findings in relation to the case: RARE PRESENTATION OF GALL BLADDER ADENOMYOMATOSIS, the same ones that I expose below:  In the introduction no objective is defined as indicated in the requirements for elaboration of cases. In the discussion and conclusion, this is copied and pasted verbatim from the abstract of the article by Golse N: GALLBLADDER ADENOMYOMATOSIS: DIAGNOSIS AND MANAGEMENT and there is no conclusion regarding the subject of the case, it is important to describe these sections in the words of the authors and indicate an important conclusion of the topic.	
<b>Minor</b> REVISION comments	The figures are different, so they should have their own legend on each one.	
<b>Optional/General</b> 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)
<b>Are there ethical issues in this manuscript?</b>	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	
<b>If plagiarism is suspected, please provide related proofs or web links.</b>	In the discussion and conclusion, this is copied and pasted verbatim from the abstract of the article by Golse N: GALLBLADDER ADENOMYOMATOSIS: DIAGNOSIS AND MANAGEMENT; J Visc Surg. 2017 Oct; 154 (5): 345-353. doi: 10.1016/j.jviscsurg.2017.06.004.	

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	<p><b>DISCUSSION AND CONCLUSION :</b> Gall bladder adenomyomatosis is a benign, acquired anomaly characterised by hypertrophy of the mucosal epithelium that invaginates into the interstices of thickened muscularis forming so called Rokitansky-Aschoff sinuses. Adenomyomatosis is classified into three subtypes- diffuse, segmental or focal forms. Etiology and pathogenesis are not well understood but chronic inflammation of the gall bladder is a necessary precursor. Adenomyomatosis can also be revealed by an attack of acalculous cholecystitis. Pre-operative diagnosis is based mainly on ultrasound. Symptomatic gall bladder adenomyomatosis is an indicator for cholecystectomy, which results in complete disappearance of symptoms. Asymptomatic cases are not an indication for surgery, but the radiological diagnosis must be beyond any doubt. If there is a any diagnostic doubt about the possibility of gall bladder cancer, a cholecystectomy is justified.</p>	
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