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| Journal Name: | [**Asian Hematology Research Journal**](https://journalahrj.com/index.php/AHRJ) |
| Manuscript Number: | **Ms\_AHRJ\_132438** |
| Title of the Manuscript: | **Primary Evans Syndrome with Concurrent Autoimmune Hemolytic Anemia and Immune Thrombocytopenia: A Case Report** |
| Type of the Article | **Case report** |

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| PART 1: Comments | | |
|  | Reviewer’s comment **Artificial Intelligence (AI) generated or assisted review comments are strictly prohibited during peer review.** | Author’s Feedback *(Please correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)* |
| **Please write a few sentences regarding the importance of this manuscript for the scientific community. A minimum of 3-4 sentences may be required for this part.** |  |  |
| **Is the title of the article suitable?**  **(If not please suggest an alternative title)** |  |  |
| Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here. |  |  |
| Is the manuscript scientifically, correct? Please write here. |  |  |
| **Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.** |  |  |
| Is the language/English quality of the article suitable for scholarly communications? |  |  |
| Optional/General comments | "Thank you, my colleague, for requesting my review of the manuscript. I have reviewed it and accept it. Here are my comments on it:"  Title: The title appropriately of Primary Evans Syndrome in an adult female patient. as Evans Syndrome is defined by the presence of autoimmune hemolytic anemia (AIHA) and immune thrombocytopenia (ITP).  Abstract: the abstract effectively summarizes the case, key clinical findings, and conclusions concisely.  2. Introduction  Since the title specifies Primary Evans Syndrome, the introduction should clarify that Evans Syndrome can be either primary (idiopathic) or secondary to underlying conditions such as systemic lupus erythematosus (SLE), antiphospholipid syndrome (APS), and lymphoproliferative disorders. A brief mention of these secondary causes will provide better context for the case.  3. Case Presentation  the clinical history, examination findings, and investigation sequence are presented in a logical and structured manner.  Laboratory results was clearly labeled and appropriately included to enhance clarity.  4. Discussion  Compare the case findings with sequestration syndrome, particularly in light of the significant hemoglobin drop (Hb 5 g/dL) and platelet count decline (45,000/µL). However, emphasize that this is Evans Syndrome, as evidenced by:  Positive Coombs test,Elevated reticulocyte count, indicating ongoing hemolysis  Discuss surgical options, including the role of splenectomy and hematopoietic stem cell transplantation (HSCT) as second-line interventions. Clearly define the indications for these procedures in refractory cases.  5. Conclusion  Highlight the patient’s positive response to corticosteroids, reinforcing their role as first-line therapy in Evans Syndrome.Briefly mention when escalation to second-line treatment may be warranted if corticosteroids fail or the disease becomes refractory.  ---  This refined version enhances clarity, maintains a professional tone, and ensures the review remains precise and impactful. Let me know if you need further adjustments! | All the changes suggested by the reviewers have been incorporated. Kindly have a look. |

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| **PART 2:** | | |
|  | Reviewer’s comment | Author’s comment *(if agreed with the 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 detail)* |  |