



SDI Review Form 1.6

Journal Name:	Asian Journal of Medicine and Health
Manuscript Number:	Ms_AJMAH_34067
Title of the Manuscript:	THE USEFULNESS OF THE PLANAR PINHOLE 99MTECHNETIUM-SESTAMIBI PARATHYROID SCINTIGRAPHY IN PREOPERATIVE LOCALIZATION OF PARATHYROID ADENOMA IN PATIENTS WITH PRIMARY HYPERPARATHYROIDISM AT AN ACADEMIC HOSPITAL IN SOUTH AFRICA.
Type of the Article	Original Research 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:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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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	1.The cause of most parathyroid adenomas is unknown. However, about 10 percent are thought to be hereditary. →Please tell me the cause of parathyroid adenomas in this paper. 2.Women are twice as likely to develop parathyroid adenomas as men, and often after menopause. →Please tell me the gender difference in parathyroid adenomas 3.Too much calcium in the blood (hypercalcemia) may not cause any symptoms at all or can cause a number of symptoms and medical conditions. These include: • Depression or mental confusion • Kidney stones • Bone and joint pain • Abdominal pain • General aches and pains from no	1. The cause of most parathyroid adenomas is unknown. However, about 10 percent are thought to be hereditary or familial. 2. Female : male ratio of 7:3 3. Patients with PHPT are usually asymptomatic but may clinically present with non-specific symptoms such as fatigue, pain and weakness as well as polydipsia, polyuria, kidney stones, neuropsychiatric disease or bone involvement. Other symptoms they may present with include anorexia, nausea, vomiting, and constipation. Cardiac arrhythmias, depression or mental confusion coma and death can occur. 4. Combined SPECT/CT may even increase lesion



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	obvious cause Please tell me clinical symptom in parathyroid adenomas in this paper. 4. If the results of Tc scan do not locate the adenoma, what kind of examination will you perform to detect the adenoma. 5. Please tell me the risk of postoperative parathyroid surgery. Please comment about hoarseness and hypocalcemia. What kinds of treatment and operational care will be suitable to prevent above complication.	localization. 5. There is the risk of post operative complications in patients who under parathyroidectomy and the main complications are hoarseness due to injury to recurrent laryngeal nerve, Hypocalcaemia and haematoma due to bleeding in the neck. To avoid injury to the recurrent laryngeal nerve the rule is that the surgeon should stay close to the adenoma surface during dissection and be exceedingly careful if diathermy is used. Patient who develop hypocalcaemia may need calcium supplements and may be vitamin D.
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<u>Minor</u> REVISION comments	Please tell me the surgical indication of PHPT.	Surgical indications in patients with PHPT may include symptomatic pHPT, when the serum calcium level is greater than 1 mg/dL above normal, regardless of whether objective symptoms are present or absent, objective evidence of renal involvement, including silent nephrolithiasis on renal imaging, nephrocalcinosis, hypercalciuria (24-hour urine calcium level >400 mg/dL) with increased stone risk, or impaired renal function (glomerular filtration rate <60 mL/min), osteoporosis, fragility fracture, or evidence of vertebral compression fracture on spine imaging, when pHPT is diagnosed at 50 years or younger regardless of whether objective or subjective features are present or absent, when the clinical or biochemical evidence is consistent with parathyroid cancer, for patients with neurocognitive and/or neuropsychiatric symptoms that are attributable to pHPT.
<u>Optional/General</u> comments	This paper will be accepted after I receive the revised paper for my questions.	