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Peer Review

Review of: "Beyond the Heart and Lungs: Extrapulmonary and Treatment-Related Emergencies in Critically Ill Patients with Sarcoidosis"

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The manuscript, *"Beyond the Heart and Lungs: Extrapulmonary and Treatment-Related Emergencies in Critically Ill Patients with Sarcoidosis,"* addresses a clinically relevant topic. The author has made a considerable effort to summarize the available literature and acknowledges several limitations of the existing evidence. However, I have substantial concerns regarding the originality, clinical focus, and scientific contribution of the review.

1. The manuscript largely summarises established knowledge regarding hypercalcaemia, neurosarcoidosis, opportunistic infections, immunosuppressive drug toxicity, and adrenal insufficiency. Although these complications are important, the review does not provide sufficiently new insights or a distinctive clinical framework beyond what is already available in disease-specific reviews and guidelines. The proposed first-24-hour checklist is mainly a compilation of standard clinical recommendations rather than a genuinely novel approach to managing critically ill patients with sarcoidosis.

2. The central premise of the manuscript is the management of sarcoidosis-related emergencies in critically ill patients. However, the majority of the evidence presented comes from general sarcoidosis populations, small retrospective series, case reports, or studies involving other diseases. Very little evidence specifically addresses patients admitted to intensive care.

Although the author acknowledges this limitation, it remains a fundamental weakness of the manuscript. The review frequently extrapolates general recommendations to the ICU setting without demonstrating their specific relevance, applicability, or impact on outcomes in this population.

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3. The manuscript covers several heterogeneous complications but does not adequately integrate them into a coherent critical care decision-making framework. The individual sections are predominantly descriptive, with limited discussion of how competing diagnoses, organ dysfunction, haemodynamic instability, and treatment-related complications should influence clinical decisions.

For a review specifically targeting intensivists, greater emphasis on diagnostic prioritisation, therapeutic trade-offs, and management under conditions of clinical uncertainty would be expected.

4. The literature search was restricted to PubMed/MEDLINE, with study selection and synthesis performed by a single author. No formal assessment of methodological quality or risk of bias was undertaken.

While these limitations are not necessarily unacceptable for a narrative review, the manuscript provides numerous quantitative estimates and practical treatment recommendations without consistently examining the robustness, generalisability, or clinical implications of the underlying studies.

The distinction between evidence derived from sarcoidosis-specific populations and recommendations extrapolated from other clinical settings is useful but does not replace a sufficiently critical evaluation of the literature.

5.The tables primarily reproduce information already discussed in the text. Similarly, the proposed first-24-hour checklist includes several standard assessments, such as medication reconciliation, evaluation of renal function and calcium, and identification of infection or adrenal insufficiency.

Although clinically reasonable, these recommendations are neither specific enough to critically ill patients with sarcoidosis nor sufficiently innovative to represent a meaningful contribution to the literature. The checklist has not been validated, and its potential impact on clinical practice remains speculative.

6. Several recommendations are presented in a relatively prescriptive manner despite limited disease-specific evidence. This is particularly relevant to glucocorticoid stress dosing, Pneumocystis prophylaxis, and management of severe hypercalcaemia.

For example, the recommendation regarding stress-dose glucocorticoids would benefit from clearer differentiation between patients with suspected adrenal insufficiency, those already receiving supraphysiological glucocorticoid doses, and patients with different levels of physiological stress. Similarly, recommendations regarding antimicrobial prophylaxis and immunosuppressive treatment require more explicit consideration of individual risk and clinical context.

Given the intended critical care audience, these distinctions are important to avoid oversimplifying complex management decisions.

Declarations

Potential competing interests: No potential competing interests to declare.