

Acute pancreatitis induced by ~~hypocalcemia~~ hypercalcemia due to primary hyperparathyroidism (PHPT) is a very rare condition, and its prevalence is estimated to be between 1.5% and 7%. ~~Previous S~~ studies ~~conducted in from~~ India report ~~an the~~ incidence of PHPT to be between 6.8% and 12%. However, ~~in~~ patients with PHPT and resulting hypercalcemia, ~~experience~~ pancreatitis ~~occurs 10 to 20~~ times more often ~~than in~~ the general population. ~~Normally, h~~ Hypocalcemia is generally expected to occur during an attack of acute pancreatitis; ~~thus, and~~ hypercalcemia is a strong ~~clue~~ predictor for ~~suspecting~~ PHPT. Hence, elevated serum calcium levels associated with pancreatitis should alert the physician ~~to either~~ to suspect hyperparathyroidism or malignancy. The metabolic causes of acute pancreatitis include diabetic ketoacidosis, hypertriglyceridemia, and hypercalcemia with or without hyperparathyroidism. ~~The most common etiologies of pancreatitis are g~~ Gallstones and alcoholism ~~are the commonest etiological agents of pancreatitis~~. Serum calcium level is not routinely measured in all patients diagnosed with ~~the a~~ first attack of acute pancreatitis as it is not ~~the a~~ common ~~cause~~ etiology. Some patients suffer from ~~2~~ two or more ~~attack~~ attacks of pancreatitis before ~~the diagnosis of being diagnosed with~~ PHPT. ~~Here W~~ we describe the case of a 30-year-old female ~~patient~~ who presented to a gastroenterology unit with severe upper abdominal pain, vomiting, and a 3-day history of fever ~~of 3 days' duration~~. She ~~had a~~ ~~similar episode of similar~~ symptoms 2 months previously, for which she was admitted to a civil hospital and diagnosed, ~~where she was diagnosed as with~~ ~~ease of~~ acute pancreatitis. ~~There, she was and was~~ managed conservatively and discharged after 7 days. ~~She had no~~ ~~No~~ ~~additional risk factors causing acute pancreatitis such as~~ history of alcohol consumption, ~~or~~ hyperlipidemia; ~~however, she had a history of and~~ gallstones ~~were present. for which she~~ She had ~~a history of undergone~~ cholecystectomy 1.5 years earlier ~~for stone~~. ~~Therefore, A~~ after proper evaluation, ~~a~~ she was diagnosed with ~~diagnosis of~~ post-cholecystectomy acute

**Comment [A1]:** Terms such as *thus*, *therefore*, *furthermore*, and *however* are used as transition words to help in a better flow of ideas. Here, *thus* helps connect the two sentences and helps a reader understand that the former sentence helps understand why hypercalcemia is a strong predictor for PHPT.

**Comment [A2]:** Ensuring accurate singular or plural form usage is essential for grammatical accuracy. Here, as more than one attack is being referred to, the plural form (attacks) is used.

**Comment [A3]:** Removing redundancy aids in better readability and comprehension. Here, "a similar episode of symptoms" has been revised to "similar symptoms" to present the same idea in a more concise manner.

pancreatitis ~~was made, a~~ and ~~the patient~~ was managed conservatively. Within the next 5 months, she was ~~again re~~admitted ~~with~~ after experiencing dyspeptic symptoms and abdominal pain ~~pain in abdomen over~~ of 20 days<sup>2</sup> ~~duration~~. On physical examination, the abdomen was found to be soft with diffuse tenderness, especially in the right hypochondrium.

SAMPLE