



REVIEWER'S REPORT

Manuscript No.: IJAR-50417

Date: 26-02-2025

Title: Neuromeningeal tuberculosis in infants: a severe presentation complicated by diffuse cerebral ischemia. A case report.

Recommendation:

- Accept as it is.....**YES**.....
- Accept after minor revision.....
- Accept after major revision
- Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality	√			
Techn. Quality		√		
Clarity		√		
Significance			√	

Reviewer's Name: Dr Aamina

Reviewer's Decision about Paper: **Recommended for Publication.**

Comments (*Use additional pages, if required*)

Reviewer's Comment / Report

Title and Abstract: The title accurately reflects the case's severity and complexity, emphasizing both the underlying condition and its complications. The abstract effectively summarizes the case, detailing the initial presentation, diagnostic findings, complications, and outcome. The inclusion of key laboratory and imaging findings enhances the abstract's clarity and completeness. The keywords provided are relevant and facilitate indexing in medical literature.

Introduction: The introduction successfully contextualizes neuromeningeal tuberculosis as a critical condition, particularly in pediatric patients. It highlights the importance of early diagnosis and multidisciplinary management. The clinical significance is well established, providing a clear rationale for reporting the case.

Methodology: The case report follows a structured, retrospective methodology. The detailed analysis of medical records ensures comprehensive data collection. The description of clinical evolution, diagnostic workup, and therapeutic interventions is well organized. The methodology clearly explains the approach taken to analyze the patient's progression, contributing to the case's scientific value.

Results: The clinical presentation is thoroughly described, detailing the initial symptoms, progression, and examination findings. The laboratory and cerebrospinal fluid analysis effectively establish the

REVIEWER'S REPORT

severity of the condition. The use of molecular diagnostics for tuberculosis detection is well documented. Imaging findings are systematically presented, particularly the CT scan results, which underscore the vascular complications.

The report provides a well-documented therapeutic approach, including empirical antibiotic therapy, anti-tuberculosis treatment, and intensive care measures. The evolution of the patient's neurological status is clearly depicted, reinforcing the severity of diffuse cerebral ischemia. The inclusion of imaging findings (brain CT scan and chest X-ray) adds valuable diagnostic support.

Discussion and Clinical Significance: The case highlights the challenges of diagnosing and managing neuromeningeal tuberculosis in infants. The description of ischemic complications and their progression is crucial for understanding the disease's pathophysiology. The discussion implicitly underscores the need for early suspicion and rapid intervention to prevent fatal outcomes. The report contributes to medical knowledge by documenting a rare but severe presentation of pediatric tuberculosis with vascular complications.

Conclusion: The report effectively conveys the urgency of early detection and multidisciplinary intervention in neuromeningeal tuberculosis. The case emphasizes the need for heightened clinical awareness, particularly in endemic regions. The fatal outcome underscores the aggressive nature of the disease and the importance of timely management.

Overall Assessment: This case report is a valuable contribution to pediatric infectious disease literature, offering insights into the severe manifestations of neuromeningeal tuberculosis. The structured approach, detailed clinical description, and incorporation of imaging findings strengthen its scientific merit.