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REVIEWER'S REPORT

Manuscript No.: IJAR-56484

Title: Pregnancy-related thrombotic microangiopathies: clinical characteristics, management and maternal outcomes in an obstetric intensive care unit

Recommendation:

Accept after major revision .....

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

Reviewer's ID: JPR-198

Detailed Reviewer's Report

This retrospective descriptive study reports 103 cases of pregnancy-related thrombotic microangiopathies admitted to an obstetric ICU in Morocco. The topic is clinically important, and the sample size is relatively large for a single-center study.

However, the manuscript has important methodological and reporting limitations, particularly regarding diagnostic definitions, subgroup analysis, and incomplete outcome reporting.

Presentation Issues

1. Structure is incomplete A standard research article requires: Title, Abstract, Introduction, Methods, Results, Discussion, Conclusion, References. This manuscript has no abstract, which is a basic requirement for any journal submission. Without it, the paper cannot be indexed or assessed at a glance.

2. Results read like a bullet-point summary The Results section is fragmented — a mix of bullet points, inline numbers, and small tables scattered throughout. It reads more like clinical notes or a PowerPoint slide deck than a journal article. Data should be presented in well-structured prose supported by properly numbered and titled tables.

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3. Tables are informal The tables have no titles, no table numbers, and no footnotes. Some don't even have proper headers. This does not meet any standard journal formatting requirement.

4. Line numbering is unusual The manuscript uses sequential line numbers that appear to be part of the text itself rather than a standard submission formatting feature, suggesting the document was not prepared using a journal template.

5. References are inconsistently formatted Some use hyphens (1-, 2-), one uses a parenthesis (4)). They should follow a single consistent citation style — Vancouver or the journal's specified format.

6. Introduction is underdeveloped It is only a brief paragraph. A proper introduction should contextualise the problem, justify the study, and clearly state the objectives with supporting literature.

Major Comments

1. Diagnostic criteria not defined Four distinct conditions are included (HELLP, AFLP, aHUS, TTP) but no diagnostic criteria are stated for any of them. Given their overlapping features but different management pathways, this is a fundamental gap. Were ADAMTS13 levels measured for TTP? Were complement studies performed for aHUS? This must be clarified.

2. No subgroup analysis All results are pooled across four biologically distinct disorders. Clinical parameters, treatments, and outcomes should be reported separately per diagnosis. Without this, the findings are difficult to interpret clinically.

3. Incomplete outcome reporting The following are missing and should be addressed:

- Causes of the six maternal deaths and any comparison between survivors and non-survivors
- Renal outcomes following acute kidney injury (recovery vs. persistent dysfunction)
- Fetal and neonatal outcomes (entirely absent for an obstetric cohort)
- Disease-specific treatments for aHUS and TTP (e.g., plasma exchange, eculizumab)

4. Ethics statement absent No ethics committee approval or consent waiver is mentioned. This is required for retrospective studies.

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Minor Comments

- The Discussion is brief and largely restates results. Deeper comparison with similar ICU-based cohorts from other low-to-middle income settings would add value.
- Some data is embedded in prose rather than structured tables; consistent tabular presentation is needed throughout.
- Reference formatting is inconsistent. Several citations are outdated (1998–2001); more recent literature on eculizumab in aHUS and plasma exchange protocols in TTP should be incorporated.