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International Journal of Advanced Research

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REVIEWER'S REPORT

Manuscript No.: IJAR-56590

Title: Idiopathic Intracranial Hypertension: Epidemiological, Clinical, and Therapeutic Characteristics in a Moroccan Tertiary Neurology Center Â– A Retrospective Study of 105 Patients.,

Recommendation:

Accept as it is .....

Accept after minor revision...YES.....

Accept after major revision .....

Do not accept (*Reasons below*) .....

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

Reviewer's ID: JPR-094

Detailed Reviewer's Report

1. Strengths of the Manuscript

1. **Relevant Clinical Topic**

The manuscript addresses **Idiopathic Intracranial Hypertension (IIH)**, an important neurological disorder that may lead to permanent visual loss if untreated. The topic is clinically significant for neurologists and ophthalmologists.

2. **Large Sample Size for a Single-Center Study**

The study includes **105 patients**, which represents a relatively large cohort for a rare neurological condition.

3. **Long Study Duration**

The **11-year retrospective period (2010–2021)** strengthens the dataset and allows better evaluation of clinical patterns and outcomes.

4. **Comprehensive Clinical Data**

The manuscript provides detailed information on:

* epidemiological characteristics

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* risk factors

* clinical presentation

* neuroimaging findings

* CSF characteristics

* treatment approaches

* patient outcomes.

5. **Regional Contribution**

There are **limited data from North Africa**, and the study contributes useful regional epidemiological information.

6. **Clear Organization of Sections**

The manuscript follows a standard structure (Abstract, Introduction, Methods, Results, Discussion, Conclusion).

2. Weaknesses of the Manuscript

1. **Retrospective Study Design**

The retrospective nature introduces **selection bias and incomplete clinical records**, which limits the strength of conclusions.

2. **Single-Center Study**

The study was conducted in a **single tertiary hospital**, which limits the **generalizability** of results to the broader population.

3. **Limited Statistical Analysis**

Only **descriptive statistics using Microsoft Excel** were performed.

No **inferential statistics, regression analysis, or risk factor correlation** were conducted.

4. **Incomplete BMI Data**

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Obesity is a major risk factor for IIH, yet **BMI was not available for all patients**, which weakens the analysis of metabolic risk factors.

5. **Limited Long-Term Follow-Up**

Long-term ophthalmological outcomes and recurrence predictors are **not extensively evaluated**.

6. **Reference Formatting Issues**

Several references are **poorly formatted, inconsistent, or contain typographical errors**, which reduces the manuscript's professional quality.

7. **Language and Formatting Problems**

Minor grammatical errors and formatting inconsistencies are present throughout the manuscript.

3. Significance of the Study

The study is significant because:

* It provides **one of the largest reported case series of IIH from Morocco and North Africa**.

* It highlights the **clinical presentation and risk factors associated with IIH** in this population.

* It emphasizes the importance of **early diagnosis and treatment to prevent visual loss**.

* The findings contribute to the **global literature on IIH epidemiology and management**.

4. Key Points of the Study

1. IIH predominantly affects **young women**, with a female-to-male ratio of **10.6:1**.

2. The **mean age of patients was 29.7 years**.

3. **Headache was present in all patients**, followed by diplopia, pulsatile tinnitus, and visual disturbances.

4. **Papilledema occurred in 96% of cases**.

5. **MRI findings** frequently included empty sella and optic nerve sheath distension.

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6. **Acetazolamide therapy and therapeutic lumbar puncture** were the main treatment modalities.

7. **Surgical intervention was required in 21% of patients** with severe disease.

8. **Permanent blindness occurred in 4.7% of patients**, highlighting the need for early intervention.

5. Recommendations for Improvement

The authors should consider the following improvements:

1. **Improve statistical analysis** by including inferential statistics and risk factor analysis.

2. **Clarify BMI data availability** and its relationship with clinical outcomes.

3. Provide **longer follow-up data**, particularly regarding visual outcomes and recurrence.

4. **Revise and standardize references** according to the journal guidelines.

5. **Improve language quality and grammar** through professional editing.

6. Provide **more detailed imaging data and figures** if available.

6. Final Recommendation

Decision: Minor Revision

The manuscript addresses an important clinical issue and provides valuable regional data on IIH. However, several methodological and formatting issues should be corrected before publication.

Justification for Minor Revision

1. **Title Section** (Lines 1–3)

Issue:

The title is clear but slightly long.

Justification:

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The authors may consider shortening the title for conciseness while maintaining key elements of the study.

2. Abstract (Lines 5–37)

Line 7–10

Issue:

Background information is adequate but could be more concise.

Justification:

Reducing repetitive statements will improve readability.

Line 15–20

Issue:

The methods section briefly describes the study design but does not mention the statistical methods clearly.

Justification:

Including the type of statistical analysis used would improve methodological transparency.

Line 21–32

Issue:

Results are clearly presented, but some percentages lack context regarding total sample size.

Justification:

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Clarifying denominators for percentages will enhance clarity.

Line 33–37

Issue:

The conclusion is appropriate but slightly general.

Justification:

Adding a brief mention of the regional significance of the findings would strengthen the conclusion.

3. **Introduction** (Lines 45–70)

Line 46–52

Issue:

The epidemiological background is well presented but contains some repetitive statements about incidence and obesity.

Justification:

Minor editing can improve conciseness.

Line 59–64

Issue:

Diagnostic criteria are explained clearly, but referencing could be improved.

Justification:

Ensuring the most recent guideline references would strengthen the section.

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Line 65–70

Issue:

The study objective is stated but could be more concise.

Justification:

A more focused objective statement would improve clarity.

4. Materials and Methods (Lines 71–105)

Line 73–75

Issue:

Study design is clearly mentioned but lacks detail regarding patient selection procedures.

Justification:

Adding clarification on patient identification from hospital records would improve transparency.

Line 81–85

Issue:

Data collection variables are listed clearly.

Justification:

No major issue, but minor formatting improvements could enhance readability.

Line 95–98

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Issue:

Statistical analysis is limited to descriptive statistics using Microsoft Excel.

Justification:

Although acceptable for descriptive studies, mentioning specific statistical tests or software limitations would improve methodological clarity.

Line 99–104

Issue:

Ethical approval is stated, but the description of ethical clearance is brief.

Justification:

Providing the ethics approval number would strengthen the ethical reporting.

5. Results (Lines 106–165)

Line 107–111

Issue:

Demographic results are clearly presented.

Justification:

No major issue; however, the text could reference the table more clearly.

Table 1 (Line 112–114)

Issue:

Table formatting is slightly inconsistent.

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Justification:

Improving formatting will enhance readability.

Line 117–121

Issue:

BMI information is incomplete for some patients.

Justification:

Authors should clarify how many patients had available BMI data.

Table 2

Issue:

Risk factor percentages could be clarified with denominators.

Justification:

Improves transparency of data interpretation.

Line 125–130

Issue:

Clinical presentation is described well.

Justification:

Minor grammatical editing is recommended.

Table 3

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Issue:

The table is informative but formatting could be improved.

Justification:

Better alignment and consistent formatting will improve clarity.

Line 139–148

Issue:

MRI findings are described but quantitative frequencies are not fully provided.

Justification:

Providing percentages for imaging findings would strengthen the results.

Table 4

Issue:

Treatment outcomes are clear but require consistent formatting.

Justification:

Minor formatting corrections are recommended.

6. Discussion (Lines 166–261)

Line 172–181

Issue:

Comparison with previous studies is appropriate but somewhat repetitive.

Justification:

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Condensing repeated explanations would improve readability.

Line 183–190

Issue:

Pathophysiology discussion is informative.

Justification:

No major issue; minor editing may improve flow.

Line 191–203

Issue:

Risk factors are well described.

Justification:

Including stronger statistical comparisons with other studies would improve discussion strength.

Line 204–211

Issue:

Clinical presentation discussion is appropriate.

Justification:

Minor language editing required.

Line 212–221

Issue:

Visual outcomes are discussed clearly.

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Justification:

Authors may emphasize predictors of poor outcomes more clearly.

Line 230–241

Issue:

Therapeutic management discussion is adequate.

Justification:

Referencing recent clinical guidelines could strengthen the discussion.

7. Study Limitations (Lines 242–248)

Issue:

Limitations are clearly acknowledged.

Justification:

No major issues.

8. Conclusion (Lines 264–269)

Issue:

Conclusion is appropriate but slightly general.

Justification:

Adding a brief statement on the implications for regional healthcare systems could improve impact.

9. References (Lines 294–369)

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Issue:

Several references contain formatting inconsistencies.

Examples:

* Missing spaces

* Inconsistent author formatting

* Mixed language references

Justification:

References should be revised according to the journal citation style.

Final Reviewer Recommendation

Decision: Minor Revision

Reason:

The manuscript presents valuable regional data and is generally well structured. The required revisions are mainly related to **clarity, formatting, reference style, and minor methodological clarification**, which can be corrected without major restructuring of the study.