

REVIEWER'S REPORT

Manuscript No.: IJAR- 56770

Title: When Infection Meets Inflammation: Diagnostic Pitfall and Strategic Corticosteroid Timing in a Corneal Abscess Complicated by Catarrhal Infiltrate in Ocular Rosacea

Recommendation:

Accept as it is

Accept after minor revision...

Accept after major revision

Do not accept (*Reasons below*)

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

Reviewer's ID: Dr. Sumathi

Detailed Reviewer's Report

1. A corneal abscess is a severe, sight-threatening infection (often a deep corneal ulcer) that causes a white/grayish buildup of pus within the cornea's middle layer (stroma). Caused by bacteria, fungi, parasites, or severe infections, it manifests as intense pain, blurred vision, and light sensitivity. Immediate treatment is crucial to avoid blindness.
2. Corneal ulcers are serious infections requiring immediate ophthalmologist care, usually treated with frequent, around-the-clock prescription antibiotic eye drops such as moxifloxacin, gatifloxacin, or besifloxacin. Treatment often starts with aggressive dosing every 15–30 minutes, potentially transitioning to fortified antibiotics or other medications based on the cause (bacterial, viral, or fungal).
3. Corneal abscesses are sight-threatening, urgent ocular infections requiring immediate, intensive treatment, typically starting with broad-spectrum antibiotic, antifungal, or antiviral eye drops. Treatment often involves hourly, round-the-clock medicated drops, cycloplegics for pain, and sometimes steroids or surgery, such as a corneal transplant for severe cases.

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4. Ocular rosacea is a chronic inflammatory condition that affects the eyelids and surface of the eye, often accompanying facial rosacea. It commonly causes red, itchy, burning, or watery eyes, frequently described as a "gritty" feeling. It often affects adults aged 30 to 60, frequently preceding facial symptoms.
5. Ocular rosacea is caused by a combination of genetic factors, environmental triggers, microbial imbalances, and an overactive immune system that leads to chronic inflammation, particularly around the eyelids and meibomian glands. It often occurs in people with facial rosacea, causing eyelid inflammation, blood vessel changes, and severe eye dryness.
6. A catarrhal infiltrate is a type of inflammation characterized by the buildup of mucus, white blood cells, and cellular debris on mucous membranes, often resulting from infection or allergy. While typically referring to upper respiratory tract congestion, in ophthalmology, a catarrhal infiltrate refers to a sterile, white spot on the edge of the cornea caused by an immune response to bacterial toxins, distinct from an infectious ulcer.
7. Corticosteroids are powerful anti-inflammatory and immunosuppressant medications used to treat various conditions, including asthma, allergic reactions, and autoimmune diseases. They are synthetic versions of cortisol, a hormone naturally produced by the adrenal glands. They differ from anabolic steroids, as they focus on reducing inflammation.
8. A diagnostic challenge refers to the difficulty in accurately and promptly identifying a patient's medical condition due to complex, ambiguous, or overlapping symptoms, often compounded by cognitive biases, time constraints, and system-level failures. These challenges, frequent in primary care, lead to significant diagnostic errors and potential patient harm.
9. Key words are given good.
10. Abstract is excellent.
11. There is no much detailed explanation about this research.
12. Result part should with tables and graphs clear.
13. Summary points added.
14. References be with alphabetical order.
15. After those changes can be published.

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