

REVIEWER'S REPORT

Manuscript No.: IJAR-56773

Title: When Inflammation Masks Anatomy: Bilateral Acute Uveitis Revealing Plateau Iris Syndrome with Severe Ocular Hypertension

Recommendation:

Accept as it is

Accept after minor revision.....

Accept after major revisionYES.....

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

* **Clinical relevance:**

The manuscript addresses an important and challenging scenario—ocular hypertension in uveitis with overlapping anatomical factors.

* **Rare association:**

The coexistence of **acute uveitis with plateau iris syndrome** is uncommon and potentially novel, increasing the case's academic value.

* **Comprehensive evaluation:**

The case includes:

* Detailed clinical findings

* Multimodal imaging (OCT, fluorescein angiography, UBM)

* Extensive etiological workup

* **Clear therapeutic message:**

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Demonstrates that ****inflammation control takes precedence**** over aggressive hypotensive therapy.

*** **Good structure:****

Logical flow from introduction → case → discussion → conclusion.

**2. Weaknesses**

*** **Lack of novelty validation:****

The claim ****“not previously reported”** is not supported by a ****systematic literature review**** or citations.

*** **Language and formatting issues:****

*** Multiple spacing and typographical errors (e.g., “Medicalhistory,” “Conjunctivalchemosis”)**

*** Inconsistent formatting reduces readability and professionalism**

*** **Incomplete differential diagnosis discussion:****

*** Important causes such as ****Posner–Schlossman syndrome****, ****herpetic uveitis****, or ****secondary angle-closure glaucoma**** are not adequately discussed**

*** **Limited discussion depth:****

*** Mechanisms are mentioned but not critically analyzed**

*** No comparison with similar reported cases (if any)**

*** **Missing imaging figures:****

*** OCT, UBM, and angiography findings are described but not shown**

*** Case reports require ****supporting images for credibility******

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*** **Follow-up duration is short:****

*** Long-term intraocular pressure control and visual outcome are not reported**

*** **Ethical considerations missing:****

*** No mention of **patient consent** or ethical approval**

**3. Key Points**

*** Acute uveitis can cause severe ocular hypertension primarily through inflammatory mechanisms.**

*** Plateau iris syndrome may coexist and contribute to angle narrowing.**

*** Rapid IOP normalization after corticosteroids suggests **inflammation as the dominant factor**.**

*** Misinterpretation may lead to **overtreatment with hypotensive agents instead of anti-inflammatory therapy**.**

*** Multimodal imaging, especially **UBM**, is crucial for detecting underlying anatomical abnormalities.**

**4. Significance**

*** **Clinical significance:** Moderate to High**

Helps clinicians avoid mismanagement in similar complex cases.

*** **Scientific significance:** Moderate**

Adds value as a case report but lacks depth needed for higher-impact contribution.

*** **Educational value:** High**

Strong teaching case for ophthalmologists and trainees.

**5. Recommendations for Improvement**

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**Major Revisions Required**

1. **Literature review:**

- * Add recent studies/case reports supporting or contrasting findings**
- * Justify the novelty claim**

2. **Improve discussion:**

- * Expand pathophysiology**
- * Include differential diagnoses**
- * Compare with similar cases in literature**

3. **Add clinical images:**

- * OCT**
- * UBM**
- * Fundus/angiography images**

4. **Language editing:**

- * Correct grammar, spacing, and formatting issues**
- * Professional proofreading required**

5. **Ethical statement:**

- * Include patient consent and ethical compliance**

6. **Extend follow-up:**

- * Provide longer-term outcome (IOP, vision, recurrence)**

**Minor Revisions**

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- * Standardize headings and bullet formatting
- * Improve keyword selection (consider MeSH terms)
- * Clarify ambiguous clinical descriptions

6. Final Recommendation

****Decision: MAJOR REVISION****

**Justification for Decision: MAJOR REVISION **

TITLE (Lines 1–2)

* ****Issue:**** Title is appropriate but ****overstates novelty**** (“revealing plateau iris syndrome”) without proof of first report.

* ****Reason for revision:**** Requires ****literature support**** or softening (e.g., “a rare case”).

ABSTRACT

Lines 6–11 (Background)

* ****Issue:**** Claim “exceptionally rare” is ****unsupported by references****.

* ****Reason:**** Needs citation or modification to avoid overstatement.

Lines 13–22 (Case Presentation)

* ****Issue:**** Overly dense; multiple findings listed without prioritization.

* ****Issue:**** No mention of ****timeline clarity**** (onset → diagnosis → intervention).

* ****Reason:**** Abstract should be concise and structured (IMRAD style).

Lines 24–27 (Management)

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* **Issue:** Missing **quantitative response details** (exact IOP drop timeline).

* **Reason:** Weakens scientific clarity.

Lines 29–33 (Conclusion)

* **Issue:** Overgeneralization from a **single case**.

* **Reason:** Needs cautious wording (“suggests,” not “underscores”).

INTRODUCTION (Lines 48–61)

Lines 49–52

* **Issue:** General statements lack **recent references**.

* **Reason:** Weak scientific grounding.

Lines 53–55

* **Issue:** Plateau iris explanation is basic; lacks **depth and citations**.

* **Reason:** Insufficient for journal-level discussion.

Lines 56–59

* **Issue:** Clinical dilemma introduced but not **critically analyzed**.

* **Reason:** Needs stronger rationale.

Line 60–61

* **Issue:** “Rare case” claim not supported with **literature comparison**.

* **Reason:** Requires evidence.

CASE REPORT SECTION

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Lines 66–72 (Medical History)

- * **Issue:** Formatting errors (e.g., “Medicalhistory,” “Familyhistory”).
- * **Issue:** Family history (Behçet’s disease) not later discussed.
- * **Reason:** Poor presentation + incomplete clinical relevance.

Lines 73–82 (Clinical Examination)

- * **Issue:** Multiple **spacing/typographical errors**.
- * **Issue:** No grading standard reference (e.g., SUN classification for uveitis).
- * **Reason:** Reduces scientific rigor.

Lines 83–88 (Fundus Examination)

- * **Issue:** Severe glaucomatous damage described but **baseline status unclear**.
- * **Reason:** Cannot distinguish chronic vs acute component.

Lines 90–108 (Investigations)

- * **Issue:** Good range of investigations but:
 - * No **images provided** (OCT, UBM, angiography)
 - * No **quantitative OCT values**
- * **Reason:** Case reports require **visual and measurable evidence**.

Lines 109–123 (Etiological Workup)

- * **Issue:** Extensive testing listed but:
 - * No **clinical reasoning for each test**

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* "Quantiferon indeterminate" not discussed further

* **Reason:** Lacks interpretative depth.

Lines 125–135 (Management)

* **Issue:** Treatment described but:

* No justification for **choice/dose rationale**

* No mention of **guideline adherence**

* **Reason:** Weakens clinical applicability.

Lines 137–143 (Outcome)

* **Issue:** Very **short follow-up (5 days only)**.

* **Issue:** No long-term IOP control or recurrence data.

* **Reason:** Insufficient outcome assessment → major limitation.

DISCUSSION (Lines 145–164)

Lines 146–147

* **Issue:** "Rare and complex" claim not supported with **literature comparison**.

Lines 148–151

* **Issue:** Mechanism described but **not critically analyzed or referenced**.

Lines 152–155

* **Issue:** Bullet points lack citations.

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Lines 156–157

* **Issue:** Plateau iris role assumed, not proven.

Lines 158–162

* **Issue:** Clinical recommendation is **overgeneralized from single case**.

Lines 163–164

* **Issue:** “Not previously reported” is a **major claim without systematic review**.

Overall Discussion Issue:

* Lacks:

* Literature comparison

* Differential diagnosis discussion (e.g., herpetic uveitis, Posner–Schlossman syndrome)

* Critical analysis

CONCLUSION (Lines 166–173)

* **Issue:** Overstated conclusions from a single case.

* **Issue:** No mention of **limitations**.

* **Reason:** Needs balanced interpretation.

REFERENCES (Lines 175–182)

* **Issue:** Outdated references (mostly pre-2010).

* **Issue:** Missing **recent studies (last 5–10 years)**.

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*** **Reason:** Weak academic support.**

**GLOBAL ISSUES (MAJOR)**

**1. Language and Formatting**

*** Frequent:**

*** Typographical errors**

*** Spacing issues**

*** Inconsistent formatting**

Requires **professional editing**

**2. Missing Figures**

*** No:**

*** OCT images**

*** UBM images**

*** Fundus/angiography images**

****Critical flaw in case report****

**3. Ethical Statement Missing**

*** No:**

*** Patient consent**

*** Ethical approval**

****Mandatory for publication****

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4. Lack of Novelty Proof

* No systematic literature review

Weakens manuscript's main claim

5. Inadequate Scientific Depth

* Limited discussion

* No comparison with similar cases

Reduces impact

Final Justification

****Decision: MAJOR REVISION****

Why NOT Minor Revision?

Because the manuscript has:

* Missing essential components (images, ethics statement)

* Weak literature support

* Insufficient discussion depth

* Poor language quality

Why NOT Rejection?

* Clinically interesting case

* Potential novelty

* Good foundational data

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Summary Statement for Editor

The manuscript presents a clinically relevant and potentially novel case; however, significant concerns regarding scientific rigor, presentation quality, lack of supporting evidence, and incomplete reporting necessitate major revision before it can be considered for publication.