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International Journal of Advanced Research

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REVIEWER'S REPORT

Manuscript No.: IJAR-57802

Title: From Malaria to Maculopathy: An Unusual Bilateral CSCR Presentatio

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

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

Reviewer's ID: JPR-094

Detailed Reviewer's Report

Reviewer Report

****Article Type:** Case Report**

****Recommendation:** **Major Revision****

Overall Assessment

This manuscript describes a rare case of bilateral central serous chorioretinopathy (CSCR) in a young female following malaria and chloroquine therapy. The case is potentially interesting because CSCR typically affects young males, and the temporal association with antimalarial treatment raises a clinically relevant hypothesis.

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However, several methodological, diagnostic, and reporting deficiencies limit the scientific strength of the manuscript. Significant revisions are required before publication.

Strengths

1. Clinical Novelty

*** Bilateral CSCR in a 20-year-old female is uncommon.**
*** Temporal association with malaria treatment and chloroquine exposure adds clinical interest.**
*** Complete recovery documented by OCT strengthens the case outcome.**

2. Educational Value

*** Highlights the importance of OCT in patients with visual symptoms despite initially normal fundus findings.**
*** Raises awareness of possible ocular adverse effects following antimalarial therapy.**

3. Adequate Follow-up

*** Six-week follow-up demonstrating anatomical and functional recovery is valuable.**

4. Multimodal Assessment

*** Inclusion of OCT, fundus examination, MRI, VEP, and systemic evaluation provides a comprehensive diagnostic workup.**

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Weaknesses

Major Weaknesses

1. Causality Between Chloroquine and CSCR Not Established

*** The manuscript repeatedly suggests a causal relationship between chloroquine and CSCR.**
*** Evidence only supports a temporal association.**
*** Malaria itself, psychological stress, inflammatory mechanisms, and idiopathic CSCR remain plausible explanations.**

2. Diagnostic Inconsistency

*** The manuscript initially describes bilateral disease.**
*** Line 65 states:**

> "A diagnosis of unilateral CSCR was established"

This contradicts the entire case description and requires correction.

3. Limited Imaging Documentation

*** OCT images are not adequately described.**
*** No measurements of subretinal fluid, central macular thickness, or leakage characteristics are provided.**
*** Fluorescein angiography or ICGA findings are absent.**

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4. Unsupported Literature Claim

*** Authors state:**

> "one of the earliest documented reports"

This claim is not adequately supported by a systematic literature review.

5. Speculative Discussion

*** Large portions of the discussion concerning autonomic dysregulation, Edinger-Westphal nucleus involvement, hypothalamic pathways, and dysautonomia are highly speculative.**
*** These mechanisms are not demonstrated in the patient.**

6. Missing Differential Diagnosis

The manuscript does not sufficiently discuss:

*** Vogt–Koyanagi–Harada disease**
*** Posterior uveitis**
*** Choroiditis-associated serous retinal detachment**
*** Drug-induced retinopathy**
*** Idiopathic CSCR**

Minor Weaknesses

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Language and Grammar

Numerous grammatical errors are present:

Examples:

*** "Malaria positive" → "diagnosed with malaria"**
*** "Both eye CSCR" → "bilateral CSCR"**
*** "withmaculaappears" → spacing error**
*** "superiotemporaly" → spelling error**
*** "14 day" → "14 days"**

Formatting Issues

*** Figure legends are inadequate.**
*** Tables require proper formatting.**
*** Abbreviations should be defined at first use.**

Reference Issues

*** References 4 and 7 are duplicates.**
*** References 3 and 10 are duplicates.**
*** Some citations do not directly support the statements made.**

Key Points for Authors

Must Address

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1. Correct the unilateral/bilateral diagnostic inconsistency.

2. Reduce causal language and replace with "possible association."

3. Strengthen literature review regarding antimalarial-associated CSCR.

4. Provide detailed OCT findings and measurements.

5. Expand differential diagnosis discussion.

6. Remove or substantially shorten speculative pathophysiological explanations.

7. Revise English language and formatting.

8. Remove duplicate references.

Recommended Additional Information

*** Type of malaria (P. vivax/P. falciparum).**

*** Laboratory findings.**

*** Detailed OCT parameters.**

*** Timeline figure showing:**

*** malaria diagnosis**

*** chloroquine treatment**

*** symptom onset**

*** diagnosis**

*** recovery**

Scientific Significance

| Parameter | Assessment |

| ---------- | ---------- |

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Originality	**Good**
Clinical Relevance	**Good**
Scientific Rigor	**Fair**
Methodological Quality	**Fair**
Clarity of Presentation	**Fair**
Literature Context	**Fair**
Overall Significance	**Moderate**

Publication Recommendation

Decision	**Recommendation**
----------	----------
Accept	**No**
Minor Revision	**No**
****Major Revision****	****Yes****
Reject	**No**

Final Comment

The case has potential publication value because bilateral CSCR in a young female following malaria treatment is unusual and clinically relevant. However, the manuscript currently overstates causality, contains diagnostic inconsistencies, relies on speculative mechanisms, and lacks sufficient imaging and literature support. Major revision is necessary before the manuscript can be considered for publication.

Major Revision Justification (Line-by-Line Review)

Line No.	Issue Identified	Reason for Major Revision
6-9	Background statement lacks references for malaria-associated	Scientific claims require supporting citations.

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Line No.	Issue Identified	Reason for Major Revision
	CSCR	
11-16	Abstract methodology insufficiently detailed	Missing key clinical findings, OCT results, and follow-up outcome.
14-15	"Malaria positive" terminology inappropriate	Clinical writing should specify confirmed malaria diagnosis and species.
19-24	Conclusion overstates association with chloroquine toxicity	Causality cannot be established from a single case report.
22-23	"Associated choroiditis" mentioned	No convincing evidence of choroiditis presented in the case.
26-38	Introduction focuses largely on chloroquine toxicity	Limited discussion of CSCR pathophysiology and malaria-associated ocular complications.
39-53	Incomplete patient information	Malaria species, laboratory findings, blood investigations, and systemic status not reported.
47	Psychological stress reported	Stress itself is a recognized risk factor for CSCR and confounds causal interpretation.
48-50	Drug history incomplete	Route of administration, exact regimen, and treatment verification not provided.
49-50	Chloroquine dosage reported without justification	No discussion whether dosage was standard or excessive.
54	Ophthalmic examination table poorly formatted	Presentation does not meet publication standards.
54-55	Visual acuity remains 6/6 despite significant symptoms	Requires explanation regarding symptom severity and disease extent.
56	Initial fundus reported normal	Raises diagnostic uncertainty; timing and progression should be clarified.
58-60	Fundus findings poorly described	Terminology unclear; "large choroidotic patch" not adequately characterized.
59	"superiotemporaly" spelling error	Language correction required.
60	"Suggestive of both eye CSCR"	Diagnostic conclusion unsupported without angiography or detailed OCT findings.
61-62	OCT findings inadequately described	No retinal thickness measurements or fluid quantification provided.
62	Amsler grid and color vision normal	Clinical significance not discussed.
63	VEP abnormality reported	Relationship between VEP findings and CSCR not explained.

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Line No.	Issue Identified	Reason for Major Revision
65	Major diagnostic contradiction	Manuscript describes bilateral CSCR but states "unilateral CSCR was established."
65-68	Systemic evaluation incompletely reported	No laboratory investigations or malaria-related findings described.
68	"All medications were discontinued"	Primaquine therapy discontinuation and rationale require clarification.
69-72	Follow-up data limited	No serial OCT measurements provided.
74-79	Figure legends inadequate	Images lack labeling, arrows, annotations, and diagnostic details.
75-76	"Site of leak" described	Leakage cannot be confirmed without fluorescein angiography.
85-86	Claim of "one of the earliest documented reports"	Unsupported literature claim requiring systematic review evidence.
87-90	Recovery attributed to drug cessation	Improvement may represent natural resolution of acute CSCR.
93-96	Drug-induced adverse effect proposed	Association remains speculative without rechallenge or stronger evidence.
97-102	Alternative causes claimed excluded	Stress, malaria, inflammatory causes, and idiopathic CSCR not adequately excluded.
103-129	Extensive speculative mechanisms	Discussion exceeds evidence generated by the case.
116-129	Autonomic dysregulation hypothesis	No clinical evidence supporting autonomic dysfunction in this patient.
123-128	Edinger-Westphal nucleus and hypothalamic discussion	Highly speculative and unsupported by investigations.
130-134	Neuropsychiatric explanation proposed	Contradicts reported normal psychiatric evaluation.
135-139	Bilateral involvement interpretation	Requires literature support.
140-143	Chloroquine identified as precipitating factor	Strong causal language not justified by evidence.
146-154	Conclusion overstates causality	Case report can suggest association but not establish cause-effect relationship.
149-151	Mechanistic conclusions presented as fact	Mechanisms remain hypothetical.
152-154	"Support a probable causal association"	Formal causality assessment (e.g., Naranjo scale) not performed.

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Line No.	Issue Identified	Reason for Major Revision
157-160	Recommendation for further studies appropriate	However preceding conclusions should be tempered.
174-175	Reference 5 (Mefloquine review)	Does not directly support claim of earliest chloroquine-associated CSCR report.
179-181	Duplicate of Reference 4	Reference duplication.
186-187	Duplicate of Reference 3	Reference duplication.
188-189	Duplicate of Reference 2	Reference duplication.

Key Reasons for Major Revision

1. Diagnostic Inconsistency

The manuscript reports **bilateral CSCR** throughout but states **unilateral CSCR** at line 65. This affects the core diagnosis.

2. Unsupported Causality

The manuscript repeatedly attributes CSCR to chloroquine despite:

Recent malaria infection,

Psychological stress,

Possibility of idiopathic CSCR,

Absence of formal causality assessment.

3. Insufficient Diagnostic Evidence

Missing:

Fluorescein angiography (FFA),

Indocyanine green angiography (ICGA),

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Detailed OCT parameters,

Quantitative imaging data.

4. Excessive Speculation

The discussion contains extensive hypotheses regarding:

Autonomic dysfunction,

Hypothalamic pathways,

Edinger-Westphal nucleus involvement,
without supporting clinical evidence.

5. Literature Review Deficiencies

Novelty claim ("earliest documented report") is inadequately supported.

6. Reporting and Language Problems

Numerous grammatical, formatting, and reference errors reduce scientific quality.

Editorial Recommendation

Category	Rating
Originality	Good
Technical Quality	Fair
Clarity	Fair
Significance	Good

Final Decision: MAJOR REVISION

Justification: The case is potentially publishable and clinically interesting, but substantial revisions are needed to correct diagnostic inconsistencies, reduce unsupported causal claims, strengthen the literature review, improve imaging documentation, and address reporting deficiencies before acceptance can be considered.