

REVIEWER'S REPORT

Manuscript No.: IJAR-59213

Title: Early-Onset Preeclampsia and Ovarian Hyperstimulation Syndrome following Ovulation Induction in a Woman with Polyendocrine Metabolic Ovarian Syndrome: A Case Report.

Recommendation:

Accept as it is ☐☐☐☐

Accept after minor revision ☒☐☐

Accept after major revision ☐☐☐☐

Do not accept (*Reasons below*) ☐☐☐

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

Reviewer ID: JP085

Reviewer's Comment for Publication.

This case report describes a 25-year-old woman with Polyendocrine Metabolic Ovarian Syndrome who conceived after letrozole ovulation induction. At 30 weeks of pregnancy, she presented with abdominal pain, severe hypertension, headache, ascites, and markedly enlarged ovaries. She was diagnosed with moderate OHSS and severe early-onset preeclampsia and was managed with fluid monitoring, antihypertensive treatment, magnesium sulphate, anticoagulation, and close fetal monitoring. Caesarean delivery was performed at 34 weeks, and postpartum follow-up showed improvement.

Strength:

1. The case is rare and clinically interesting.
2. The patient history and clinical findings are clearly presented.
3. Ovarian enlargement and ascites are supported by ultrasound findings.
4. Management of OHSS and preeclampsia is described in reasonable detail.
5. The discussion explains the possible relationship between OHSS and preeclampsia.
6. Fluid management and thromboembolic risk are appropriately discussed.
7. Maternal and fetal outcomes are reported.

Weakness:

1. This is a single case, so the findings cannot be generalized.
2. The diagnosis and grading of OHSS should be explained more clearly.
3. Important laboratory values at presentation are incomplete.
4. The unit reported for serum creatinine appears incorrect and should be checked.

Overall assessment:

The case is clinically relevant and presents a rare combination of OHSS and early-onset preeclampsia after letrozole induction. Minor revision is recommended, particularly for clarification of the diagnostic criteria, treatment details, laboratory data, neonatal outcome, references, and language quality.

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Recommendation: Manuscript accepted for publication after minor revision.