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REVIEWER'S REPORT

Manuscript No.: IJAR- 59419

Title: PremiÃ¨re expÃ©rience de thrombectomie mÃ©canique pour occlusion proximale de lÂ'artÃ¨re cÃ©rÃ©brale moyenne dans un centre militaire marocain : Ã propos dÂ'un cas,

Recommendation:
Accept after minor revision

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

Reviewer's ID: Dr. Bilqees Hamza

Detailed Reviewer's Repot

General Overview

This manuscript presents a clinical case report documenting the initial experience with mechanical thrombectomy for acute ischemic stroke caused by a proximal right middle cerebral artery (MCA/M1) occlusion at a Moroccan military hospital (Mohammed V Military Instruction Hospital in Rabat). The case involves an 80-year-old right-handed female with underlying Parkinson's disease who presented with an acute focal neurological deficit and an initial National Institutes of Health Stroke Scale (NIHSS) score of 15.

Non-contrast head CT revealed early ischemic changes with a lost insular ribbon sign and a hyperdense right MCA sign ("dense MCA sign"), with an Alberta Stroke Program Early CT Score (ASPECTS) of 9/10. Brain MRI further confirmed acute right sylvian ischemia. Because the patient presented past the intravenous thrombolysis window (admission at 8 hours 00 minutes post-symptom onset), a decision for endovascular mechanical aspiration thrombectomy was made. The procedure was initiated 9 hours and 45 minutes after symptom onset and achieved complete angiographic reperfusion (Thrombolysis in Cerebral Infarction [TICI] grade 3).

The manuscript effectively demonstrates the feasibility, procedural safety, and technical success of establishing a specialized endovascular stroke revascularization pathway within a Moroccan military medical center. It reinforces the clinical principle that carefully selected patients—even octogenarians

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presenting in an extended therapeutic window—can achieve complete recanalization when supported by favorable collateral/tissue imaging profiles (high ASPECTS).

Key Strengths

1. **Demonstration of Institutional Feasibility:** Highlights a successful milestone in expanding acute endovascular stroke care in North Africa, showing how structured emergency triage and neurointerventional workflows can operate in a military hospital setting.
2. **Clear extended-Window Triage:** Illustrates valid decision-making in late-window presentations (9 hours 45 minutes post-onset) where favorable parenchymal preservation (ASPECTS 9/10) justifies mechanical intervention despite missing the intravenous thrombolysis window.
3. **Robust Angiographic Outcome:** Achieving complete TICI 3 reperfusion using direct aspiration thrombectomy validates technical proficiency and procedural safety.
4. **Complete Ethical Compliance:** Includes detailed author declarations, patient written informed consent for publication, and adherence to standard case report reporting guidelines (CARE guidelines).

Recommendations for Improvement

While the case report is scientifically sound and clinically meaningful, several minor revisions should be addressed to maximize its academic quality:

1. **Provide Long-Term Functional Outcome (mRS Score):**

The manuscript details an excellent technical result (TICI 3 reperfusion); however, it lacks post-procedural clinical follow-up data. The authors should include the patient's neurological progress during hospitalization, discharge NIHSS score, and 90-day modified Rankin Scale (mRS) functional outcome score. Documenting functional independence is critical in stroke outcome reporting.

2. **Remove Raw Unformatted Screen Captures from the Text Body:**

Figures 1 through 5 in the submitted draft consist of raw laptop monitor photographs showing PACS software UI, system pathways, and personal names. All figures must be replaced with high-resolution, cropped, exported DICOM images of the MRI sequences (DWI, FLAIR, T1) and angiograms (pre- and post-thrombectomy). Furthermore, all patient identification details (e.g., name and medical record numbers visible in Figure 5) must be strictly anonymized/blacked out in compliance with medical confidentiality standards.

3. **Incorporate Pre- and Post-Thrombectomy Angiography Images:**

As an endovascular case report, the manuscript should include digital subtraction angiography (DSA) images illustrating the baseline M1 occlusion prior to aspiration and the final TICI 3 recanalization post-procedure.

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4. **Expand Discussion on Tissue vs. Time-Window Selection:**

The discussion briefly mentions landmark trials (MR CLEAN, ESCAPE, EXTEND-IA, SWIFT PRIME, REVASCAT, DAWN, DEFUSE 3). Expanding slightly on how tissue-window selection (CT/MRI perfusion or clinical-core mismatch) guides extended-window thrombectomy beyond 6 hours will add educational depth for readers.

5. **Editorial and Language Polish:**

Ensure consistent French/English terminology across the abstract and narrative text (e.g., standardizing "TDM" / "CT scan" and "IRM" / "MRI"). Clean up text artifacts in the header and figure captions.

Final Evaluation and Verdict

This manuscript presents a compelling first-experience case report illustrating the successful implementation of mechanical thrombectomy for acute large vessel occlusion stroke in a Moroccan military instruction hospital. The clinical decision-making, procedural execution, and ethical framework are well-supported.

The paper is **accepted with minor revisions**. Updating the figures to standard anonymized DICOM exports, adding angiographic imaging, and including follow-up functional scores (mRS) will make the paper fully ready for publication.