

REVIEWER'S REPORT

Manuscript No.: IJAR-50712

Date: 19-03-2025

Title: Rebound Hypertension After Clonidine Withdrawal in a Pediatric Intensive Care Unit : A Case Report

Recommendation:

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

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

Reviewer's Name: Dr Aamina

Reviewer's Decision about Paper: **Recommended for Publication.**

Comments (*Use additional pages, if required*)

Reviewer's Comment / Report

Abstract:

The abstract effectively summarizes the key aspects of the case, emphasizing the diagnostic challenge of rebound hypertension without a significant increase in noradrenaline levels but with an increase in dopamine levels. The conclusion highlights the importance of testing all catecholamines in similar cases, reinforcing the clinical significance of the report.

Introduction:

The introduction provides a clear background on clonidine, its uses in intensive care, and the potential risks associated with its abrupt withdrawal. The rationale for presenting the case is well-articulated, setting the stage for the reader to understand its relevance.

Case Report:

The patient's history and clinical course are presented in a structured and detailed manner. The information on prior management, clinical findings, and the timeline of symptoms is well-organized and contributes to a comprehensive understanding of the case. The description of the clinical assessment is thorough, including hemodynamic parameters, systemic examination, and key diagnostic considerations.

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Diagnostic Assessment:

The report presents a systematic diagnostic approach, considering various differential diagnoses and ruling them out through appropriate investigations. The discussion of urinary catecholamine testing, including the challenges faced in obtaining the results, adds valuable context to the case. The emphasis on dopamine levels as a key finding is particularly notable.

Diagnosis:

The final diagnosis is well-reasoned, with supporting evidence from clinical findings and biochemical tests. The reasoning behind concluding rebound hypertension due to clonidine withdrawal is convincingly presented.

Therapeutic Interventions:

The report provides a detailed account of treatment strategies, including initial management with beta-blockers and ACE inhibitors, which were ineffective, followed by the introduction of a dopamine antagonist and subsequent reintroduction of clonidine. The stepwise therapeutic approach is well-documented, demonstrating clinical reasoning in managing a complex case.

Overall Assessment:

The case report is well-structured, with a logical flow of information and clear presentation of clinical findings, diagnostics, and therapeutic interventions. It effectively highlights an important clinical issue in pediatric intensive care and contributes valuable insights into the management of rebound hypertension following clonidine withdrawal. The discussion on catecholamine testing adds a unique perspective to the case.

Conclusion:

The case report successfully conveys the importance of considering all catecholamines in the evaluation of suspected rebound hypertension. The clinical narrative, diagnostic challenges, and therapeutic approach make this a valuable contribution to the literature on pediatric intensive care and clonidine withdrawal management.

Keywords: Well-chosen and relevant to the case.

Final Remarks:

This case report is a significant addition to clinical knowledge, particularly in pediatric intensive care settings. The structured presentation and comprehensive analysis enhance its clarity and impact.