

REVIEWER'S REPORT

Manuscript No.: IJAR-50808

Date: 28/03/25

Title: Lateral Rectus Palsy After Posterior Superior Alveolar Nerve Block

Recommendation:

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

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

Reviewer Name: Dr. Sireesha Kuruganti

Date: 28/03/25

Reviewer's Comment for Publication.

(To be published with the manuscript in the journal)

The reviewer is requested to provide a brief comment (3-4 lines) highlighting the significance, strengths, or key insights of the manuscript. This comment will be Displayed in the journal publication alongside with the reviewers name.

The case is well-documented, includes relevant literature support, and follows a logical progression from symptoms to discussion

Detailed Reviewer's Report

Detailed Review of the Manuscript "Lateral Rectus Palsy After Posterior Superior Alveolar Nerve Block"

Abstract (Lines 4-10)

1. Clarity: The abstract effectively summarizes the case, but it would be beneficial to specify the duration of paralysis in the abstract itself.
2. Grammar: The phrase "but extremely rare" (line 5) could be revised to "although extremely rare" for better readability.
3. Terminology: The term "permanent blindness" (line 7) might require clarification—was it reported as a direct consequence of anesthesia or due to a secondary cause?

International Journal of Advanced Research

Publisher's Name: Jana Publication and Research LLP

www.journalijar.com

REVIEWER'S REPORT

Introduction (Lines 11-21)

4. Relevance: The introduction provides good historical context, but citation consistency should be maintained. For example, "The first ophthalmologic complication in conjunction with dental anesthesia was reported in 1936" (line 14) should be followed by a direct reference in superscript immediately.

5. Consistency: "III IV & VI" (line 18) should be formatted properly as "III, IV, and VI" for better readability.

6. Flow: The last sentence (lines 20-21) could be restructured for better coherence:

Instead of "Here we present a case of transient diplopia and paralysis of lateral rectus muscle following administration of local anesthesia for the extraction of an upper molar tooth,"

Consider: "This case report discusses a transient diplopia and lateral rectus muscle paralysis observed after administering local anesthesia for an upper molar extraction."

Case Report (Lines 23-40)

7. Technical Details:

Specify how the aspiration technique was confirmed.

Was the injection depth measured?

Was a single or multiple injection technique used?

8. Symptom Description:

The phrase "blurring of the right eye" (line 29) could be expanded: Did the patient describe it as cloudiness, double vision, or distortion?

9. Ophthalmology Findings:

"Normal pupillary reflex with proper visual acuity" (line 30) is vague. Specify the pupillary light reflex test performed (direct, consensual response).

REVIEWER'S REPORT

10. Reaction Time:

Mentioning "In less than an hour, the condition reversed" (line 35) is good, but adding the exact time frame (e.g., "after 45 minutes") would improve clarity.

11. Patient Anxiety:

The transition between ocular symptoms and systemic symptoms (line 37-39) should be clearer. A separate subheading for "Systemic Reactions" may help.

Discussion (Lines 46-78)

12. Statistical Support:

The statement "The most commonly reported ophthalmic complication of local anesthesia was diplopia (39.8%)" (line 49) requires a direct citation to support the percentage.

13. Anatomical Explanation:

Panarrocha et al.'s theory (lines 53-56) could be enhanced with a simple diagram or anatomical illustration reference.

14. Alternative Hypotheses:

Mention if any cases have reported such complications without vascular involvement (to rule out other causes like needle trauma).

15. Causal Link:

The statement on lines 64-69 about anesthetic diffusion via the cavernous sinus is plausible but needs a clearer connection between anatomical structures and observed symptoms.

REVIEWER'S REPORT

16. Needle Positioning:

The sentence on lines 76-78 suggests a superiorly directed needle but does not clarify whether an improper technique was a contributing factor. Did the authors verify the injection angle post-procedure?

Conclusion (Lines 79-92)

17. Clarity:

The sentence "Most ocular complications are temporary and usually resolve on their own once the local anesthetic has worn off" (line 80) should clarify the approximate time frame.

18. Management Guidelines:

Add a reference for the statement that monocular vision is "devoid of distance-judging capability" (line 89).

The phrase "refer patients to an ophthalmologist for re-evaluation" (line 91) should specify whether urgent referral is needed after 6 hours.

References (Lines 94-126)

19. Formatting:

Ensure all references are numbered sequentially within the text. Some citations in the discussion are not correctly linked.

20. Completeness:

Reference 10 (Goldenberg, line 125) should include a complete DOI or journal issue details.

International Journal of Advanced Research

Publisher's Name: Jana Publication and Research LLP

www.journalijar.com

REVIEWER'S REPORT

Final Summary

Strengths: The case is well-documented, includes relevant literature support, and follows a logical progression from symptoms to discussion.

Areas for Improvement: Clarity in anatomical explanations, better formatting of citations, more precise symptom descriptions, and slight restructuring of certain sections.

Recommended Edits: Improve statistical references, ensure uniform formatting, and refine medical terminology for better readability.