

REVIEWER'S REPORT

Manuscript No.: IJAR-51601

Date: 16-05-2025

Title: Olanzapine-Associated Oral Candidiasis in an Immunocompetent Patient: A Case for Further Investigation

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

Title Evaluation:

The title is clear, specific, and accurately conveys the subject matter. It emphasizes the unusual association between olanzapine and oral candidiasis in an immunocompetent individual, highlighting the potential for novel insights or underexplored clinical implications.

Introduction Evaluation:

The introduction effectively establishes the clinical and microbiological context of oral candidiasis. It concisely reviews common etiologies, particularly the pivotal role of immunosuppression in predisposing individuals to fungal infections. The mention of HIV, malignancies, and diabetes is well-grounded in current medical understanding and offers a suitable backdrop for introducing the atypical scenario presented in the case.

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The transition into the specific focus on olanzapine is well-executed. The rationale for considering an immunocompetent patient is justified, and the reference to emerging literature on the immunomodulatory potential of antipsychotics appropriately frames the significance of the case. Overall, the introduction is logically structured, clinically relevant, and draws attention to a potentially underrecognized phenomenon.

Case Presentation Evaluation:

The case is described with clarity and sufficient clinical detail. The presentation of the patient's psychiatric history, including diagnosis, medication compliance, symptomatology, and physical consequences (e.g., weight loss), is comprehensive. The choice of olanzapine and the initial dosing are consistent with psychiatric management protocols in acute episodes.

The clinical context suggests a controlled environment (crisis stabilization unit), reinforcing the reliability of monitoring and assessment. The absence of predisposing immunosuppressive conditions is clearly established, reinforcing the anomaly of oral candidiasis in this case.

The temporal relationship between olanzapine administration and onset of oral candidiasis is implied, setting the stage for a discussion on potential causality or association. This framing supports the broader call for further pharmacovigilance and mechanistic research into atypical antipsychotics' effects on immune function.

Language and Presentation:

The manuscript is written in a clear, concise, and formal academic style. Medical terminology is appropriately used and accessible to a professional audience. The tone is objective and evidence-oriented, consistent with clinical case reporting standards.

Relevance and Contribution:

This case contributes meaningfully to the existing literature by documenting a potentially novel adverse reaction to olanzapine in an immunocompetent individual. It highlights a possible extension of olanzapine's pharmacodynamic profile into immunological domains, warranting further investigation. The case may prompt heightened clinical awareness among psychiatrists and general practitioners when managing patients on atypical antipsychotics who present with unexplained oral lesions.

International Journal of Advanced Research

Publisher's Name: Jana Publication and Research LLP

www.journalijar.com

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Conclusion:

The case report is well-organized, clinically grounded, and presents a plausible association between olanzapine and oral candidiasis in an immunocompetent patient. It offers valuable insights into potential iatrogenic effects of antipsychotics, underscoring the need for further clinical and mechanistic studies.
