

REVIEWER'S REPORT

Manuscript No.: IJAR- 51807

Date: 22/05/2025

Title: Peripartum management of Eisenmenger 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 Name: Dr. S. K. Nath

Date: 24/05/2025

Reviewer's Comment for Publication:

This case report effectively underscores the high maternal and fetal risks associated with Eisenmenger syndrome during pregnancy and demonstrates that with meticulous, multidisciplinary management, favorable outcomes are achievable even in resource-constrained environments. It advocates for early preconception counseling and emphasizes the importance of individualized, careful perioperative planning. Future studies with larger cohorts and longer follow-up are necessary to establish standardized management protocols and improve prognosis for such high-risk pregnancies.

Reviewer's Comment / Report

Strengths:

- Comprehensive Case Description:** The paper provides a detailed account of the patient's clinical course, including preoperative assessment, intraoperative management, and postpartum care, which offers valuable insights for clinicians managing similar cases.
- Multidisciplinary Approach:** Emphasizes the importance of close collaboration among cardiologists, anesthesiologists, obstetricians, and intensivists, demonstrating how coordinated care can improve maternal and fetal outcomes.
- Focus on Perioperative Management:** Highlights critical considerations such as monitoring strategies, choice of anesthesia, and management of pulmonary hypertension, which are essential for improving safety.
- Literature Integration:** Incorporates relevant references and guidelines, providing context and supporting evidence for management decisions.

Weaknesses:

- Limited Generalizability:** As a single case report, the findings and observations cannot be broadly generalized to all patients with Eisenmenger syndrome, limiting the applicability of conclusions.
- Lack of Long-term Follow-up:** The report does not include extensive information on the long-term maternal and fetal outcomes post-delivery, which would add valuable perspective.
- Absence of Comparative Analysis:** The paper does not compare different management strategies comprehensively, which could have offered additional insights into optimal care pathways.
- Resource Limitations:** The case highlights challenges in resource-limited settings (e.g., unavailability of vasodilator treatments), but does not explore alternative management protocols in depth.