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REVIEWER'S REPORT

Manuscript No.: IJAR-51991 Date: 31-05-2025

Title: Another Reason to Ban Subclavian Catheters: A Case Report and Literature Review

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*)
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Reviewer's Comment / Report

General Evaluation

This case report presents a clinically relevant and well-documented scenario highlighting an unusual complication associated with the use of subclavian catheters for hemodialysis. The title clearly signals the article's purpose—to underscore the risks inherent in subclavian catheterization through both a specific case and supporting literature review. The structure is conventional and coherent, progressing logically from background to case presentation, clinical evaluation, and diagnostic findings.

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Introduction

The introduction effectively contextualizes the historical use and popularity of subclavian catheters for hemodialysis access. It also appropriately introduces the scope of known complications, including infections and thromboses. The rationale for the case report is well grounded in the introduction, highlighting the emergence of a rarer and serious complication. References to seminal works provide a sound bibliographic anchor and show familiarity with the evolution of catheter use.

Case Presentation

The patient history is comprehensive and appropriately detailed. The inclusion of cardiovascular comorbidities, history of dialysis, failed A-V fistulas, and other chronic conditions provides necessary clinical context. The narrative is methodical and paints a clear picture of a high-risk patient population that is commonly encountered in nephrology and critical care settings.

The clinical signs on presentation—fever, hypotension, and cardiac murmur—are classic for a potential infective endocarditis case and are appropriately pursued through diagnostics. The complications with thrombosis and repeated guidewire manipulation add further value by underscoring procedural factors contributing to adverse outcomes.

Diagnostic Workup

The description of laboratory findings and imaging studies is succinct and informative. Elevated inflammatory markers (CRP and procalcitonin) and positive blood cultures confirm an infectious process. The echocardiographic findings raise strong suspicion of endocarditis, which fits with clinical findings and supports the suspected catheter-related source. The inability to complete a TEE, a known challenge in some patients, is noted transparently.

The CT findings add depth to the report by revealing possible septic emboli or secondary infection foci, expanding the discussion beyond localized catheter complications to systemic sequelae.

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Clinical Relevance and Significance

This case serves as a potent reminder of the high morbidity associated with subclavian catheters in dialysis patients, especially when maintained over extended periods and manipulated repeatedly. The report emphasizes infection control, procedural discipline, and the long-term implications of catheter-related bloodstream infections. The clinical presentation and subsequent investigations align well with the intended message: subclavian catheter use, while convenient, can carry severe risks.

Presentation and Style

The manuscript is clearly written and maintains clinical precision throughout. Medical terminology is used appropriately, and the flow of information supports easy comprehension for readers in nephrology, infectious disease, and critical care specialties. The integration of visual data (e.g., CT imaging) is appropriate, even though it is only referenced textually in the current excerpt.

Conclusion (Implied)

Although not fully included in the provided excerpt, the case and discussion inherently support the article's central thesis—that subclavian catheters should be avoided when possible due to their high risk of complications. The clinical details substantiate this stance effectively.

Overall Assessment:
The article provides a compelling, well-structured, and clinically relevant case supported by thorough documentation and insightful discussion. It contributes meaningfully to the literature advocating for alternative vascular access strategies in chronic hemodialysis patients.