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REVIEWER'S REPORT

Manuscript No.: IJAR-52049 Date: 04-06-2025

Title: Recurrent Spontaneous Subdural Hematoma in a Patient with Severe Hemophilia A: A Case Report and Clinical Reflections from a Resource-Limited Setting

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 Overview:
The manuscript presents a clinically significant and rare case of recurrent spontaneous subdural hematoma (SDH) in a patient with severe Hemophilia A, highlighting both the medical complexity and systemic challenges in resource-constrained settings. The case is compelling and adds valuable insights into the diagnosis and management of spontaneous intracranial hemorrhages in individuals with severe coagulopathies, particularly within low- and middle-income countries.

Abstract Evaluation:
The abstract is clear and succinct. It effectively summarizes the context, case description, clinical management, and the broader relevance of the case. It emphasizes the rarity of spontaneous SDHs, the conservative therapeutic approach adopted, and the public health implications for hemophilia care. The inclusion of key terms such as "resource-limited settings," "Factor VIII," and "neurocritical care" strengthens its relevance to both clinical and policy audiences.

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Introduction Evaluation:
The introduction provides a comprehensive and focused background on Hemophilia A, its genetic basis, clinical severity, and propensity for spontaneous hemorrhagic episodes. The distinction between common hemorrhagic manifestations and the rare occurrence of non-traumatic SDH is articulated well. The literature citations support the epidemiological and clinical claims, creating a robust foundation for the subsequent case description.

Scientific and Clinical Relevance:
This case contributes meaningful clinical knowledge by documenting recurrent SDH in a severe Hemophilia A patient without antecedent trauma—an uncommon and diagnostically challenging scenario. It highlights the importance of clinical vigilance, timely neuroimaging, and factor replacement therapy. The discussion around conservative management (as opposed to surgical intervention) in a neurocritical care setting underscores resource-appropriate decision-making.

Contextual Importance:
The emphasis on the limitations of hemophilia care infrastructure in countries like India adds significant value. It contextualizes the case beyond its clinical boundaries and brings attention to systemic healthcare disparities, particularly the need for structured hemophilia care networks, prophylactic factor access, and capacity-building in diagnostic and emergency neurocare.

Language and Style:
The manuscript is written in a clear, precise, and academic tone. Medical terminology is appropriately used, and the narrative remains accessible to clinicians, researchers, and public health professionals alike. The flow between the introduction, case presentation, and conclusion is logical and effective.

Conclusion:
The conclusion aptly summarizes the key lessons from the case—clinical, logistical, and systemic. It reinforces the necessity of high clinical suspicion and early intervention in hemophilia-related ICH and advocates for systemic reforms in hemophilia care in resource-constrained environments.

Overall Assessment:
This is a valuable and timely contribution to the clinical literature on hemophilia management. It balances detailed case documentation with broader reflections on healthcare delivery in under-resourced contexts. The paper effectively merges clinical science with health systems thinking, making it relevant for publication in journals focused on hematology, neurology, emergency medicine, or global health.