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REVIEWER'S REPORT

Manuscript No.: IJAR-52120 Date: 05/05/2025

Title: A Case Report of Intensive Care Management of Refractory Myasthenia Gravis with Acute Respiratory

Failure: Diagnosis, Treatment, and Management

Recommendation:	Rating _	Excel.	Good	Fair	Poor	
✓ Accept as it is	Originality	√				
Accept after minor revision	Techn. Quality		>			-
	Clarity		✓			-
	Significance	<				_

Reviewer Name: Dr. S. K. Nath

Date: 07/05/2025

Reviewer's Comment for Publication:

This case report effectively highlights the complexities involved in managing a refractory myasthenia gravis crisis in an ICU setting. It demonstrates the importance of prompt, multidisciplinary intervention strategies—including plasma exchange, immunosuppressants like rituximab, and vigilant infection control—to improve patient outcomes. While its detailed narrative provides valuable clinical insights, broader applicability requires further studies and larger case series. Nonetheless, this paper serves as a crucial educational piece for clinicians dealing with similar critical cases, emphasizing individualized care tailored to patient responses.

Reviewer's Comment / Report

Strengths:

- 1. **Relevance and Significance:** The paper addresses the critical issue of managing refractory myasthenia gravis (MG) cases complicated by respiratory failure, which is a life-threatening condition requiring specialized ICU interventions. This makes it highly relevant for critical care, neurology, and immunology practitioners.
- 2. **Comprehensive Case Detail:** The report provides detailed patient history, including previous crises, comorbidities (like ovarian carcinoma), and the clinical course, offering valuable insights into complex case management.
- 3. **Multidisciplinary Approach:** It emphasizes the importance of a multidisciplinary approach, including neurologists, intensivists, and infectious disease specialists, aligning with best practices in complex ICU management.
- 4. **Therapeutic Strategies Covered:** The report discusses various treatment modalities, particularly plasma exchange (PLEX), immunosuppressants like rituximab, and infection management, showcasing current therapeutic options.
- 5. **Educational Value:** The case underscores challenges in airway management, complications of therapy, and secondary infections, which serve as learning points for clinicians.

Weaknesses:

- 1. **Limited Generalizability:** Being a single case report, the findings have limited applicability; there's no discussion of broader patient outcomes or comparison with other cases or standardized protocols.
- 2. Lack of Quantitative Data: The report mainly offers qualitative descriptions; quantitative measures such as detailed laboratory values over time, specific response metrics to therapies, or standardized scoring systems are limited.

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- 3. **Absence of Long-term Follow-up:** The follow-up period appears short; long-term outcomes, including disease remission or recurrence, are not thoroughly discussed.
- 4. **No Statistical Analysis:** As a case report, there is no statistical analysis or evidence level, which limits the ability to evaluate the efficacy of interventions comprehensively.
- 5. **Limited Literature Context:** The discussion could be strengthened with more extensive review of existing literature and comparison with other case series or cohort studies.