ISSN: 2320-5407
International Journal of Advanced Research
Publisher's Name: Jana Publication and Research LLP
www.journalijar.com
ISSN NO. 2320-5407

REVIEWER'S REPORT

Manuscript No.: IJAR-53368 Date: 16/08/2025

Title: La paralysie faciale périphérique zostérienne : particularités diagnostiques et thérapeutiques à propos d'un cas

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: 16/08/2025

Reviewer's Comment for Publication:
The paper effectively highlights the diagnostic features and therapeutic management of herpes zoster-associated facial paralysis, with the case demonstrating a favorable prognosis when treated early with antiviral and corticosteroids. It reinforces the need for clinicians to recognize Ramsay Hunt syndrome promptly to optimize patient outcomes. However, broader studies and longer follow-up are necessary to fully understand long-term prognosis and refine treatment strategies.

Reviewer's Comment / Report

Strengths:
- **Clear Clinical Description:** The paper provides a detailed account of the patient's presentation, including specific clinical signs like vesicular rashes and facial paralysis, supported by images.
- **Relevance of the Case:** Ramsay Hunt syndrome is a significant yet underdiagnosed condition, making this case report valuable for clinical awareness.
- **Treatment Approach:** The report underscores the effectiveness of combined antiviral (acyclovir) and corticosteroid therapy, supported by positive outcome data.
- **Literature Integration:** The discussion contextualizes the case within the current understanding of herpes zoster complications, including epidemiology, pathophysiology, and prognosis.

Weaknesses:
- **Limited Sample Size:** Being a single case study, findings cannot be generalized. A larger cohort or comparative studies would strengthen conclusions.
- **Lack of Long-term Follow-up Data:** The follow-up period is three months; longer-term outcomes, especially regarding residual symptoms or recurrences, are not addressed.
- **Diagnostic Details:** While clinical features are described, additional diagnostic workups such as nerve conduction studies or imaging could provide more comprehensive insight.
- **Minimal Discussion on Differential Diagnosis:** The paper briefly mentions "zoster sine herpete" but does not extensively explore differential diagnoses or challenges in diagnosis.
- **Limited Methodological Detail:** As part of a case report, the methodology is straightforward; however, more elaboration on the diagnostic criteria and exclusion of other causes would be beneficial.