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REVIEWER'S REPORT

Manuscript No.: IJAR-55858

Title: Optimized Total Intravenous Anesthesia Using Propofol and Dexmedetomidine in a Myasthenia Gravis Patient Undergoing ERCP: A Reflex Suppression and Cardiac Strategy

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: 20.01.26*Detailed Reviewer's Report***Strengths of the Study**

- Originality:** The study presents a novel anesthesia management approach for high-risk Myasthenia Gravis (MG) patients undergoing ERCP, emphasizing the use of total intravenous anesthesia (TIVA) with propofol and dexmedetomidine, avoiding neuromuscular blockers.
- Relevance:** It addresses a significant clinical challenge in anesthetic management of MG patients, contributing practical insights that can benefit anesthesiologists managing similar cases.
- Methodology:** The detailed perioperative planning, reflex suppression strategies, and specific anesthesia protocol are described with enough detail to be potentially replicable.
- Data Quality:** The case report provides comprehensive preoperative assessment, intraoperative monitoring data, and postoperative outcomes, supporting the safety and feasibility of the approach.
- Contribution to the Field:** Demonstrates that tailored, muscle relaxant-free TIVA can be safely employed in MG patients with comorbid cardiac disease, expanding options for anesthetic management in similar high-risk cases.

Weaknesses of the Study

- Single Case Limitation:** As a case report, the findings are limited in generalizability; larger studies are required to validate this approach.
- Lack of Comparative Data:** No comparison with traditional anesthetic techniques using muscle relaxants or other sedatives limits inference about relative efficacy or safety.
- Absence of Long-term Follow-up:** No data on perioperative or postoperative muscle strength or complication rates beyond immediate recovery.
- Methodological Detail:** While the anesthesia protocol is described, specific details such as exact titration procedures, critical thresholds, and quantification of reflex suppression are limited.
- No Statistical Analysis:** As expected in a single-case report, there is no statistical validation or analysis.
- Ethical Considerations:** The manuscript does not explicitly state whether institutional ethical approval or informed consent for publication was obtained, which is critical in case reports.

Reviewer Comments

- Title and Abstract Clarity:** The title is informative but somewhat lengthy; consider simplifying for clarity. The abstract effectively summarizes key points but could better emphasize the novelty and practical implications of the approach.

REVIEWER'S REPORT

- **Introduction and Objectives:** The introduction provides a good overview of the challenges in MG anesthesia but would benefit from explicitly stating the study's primary objective or hypothesis.
- **Methodology and Statistical Analysis:** The methodology is described in detail, suitable for a case report. No statistical analysis is applicable here, but clear criteria for reflex suppression and anesthesia depth could improve reproducibility.
- **Results and Discussion:** Results are clearly presented; however, discussion could be enriched by comparing alternative methods, discussing potential limitations, and referencing more recent literature on similar approaches.
- **Conclusion and Implications:** The conclusion appropriately emphasizes the safety and feasibility of the approach but should clarify that findings are based on a single case and warrant further validation.
- **Ethical Clearance:** The manuscript does not mention ethical approval or informed consent, which is a requirement for publication, especially for clinical case reports. This information should be explicitly included.
- **Grammar, Language, and Typographical Errors:** Overall, the manuscript is well-written, with minor grammatical issues and typographical errors that need correction (e.g., inconsistent use of abbreviations). Attention to language precision is advised.
- **Tables, Figures, Formatting, and References:** There are no tables or figures; references are appropriate and adequately cited. Formatting is consistent.

Additional Note: Based on a preliminary scan and common plagiarism detection tools, there is no indication that this specific manuscript has been previously published online. To confirm originality fully, a dedicated plagiarism detection service should be employed.