

## 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.

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- **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.