

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Neurology

ESPS manuscript NO: 14139

Title: Resolution of idiopathic intracranial hypertension after sustained lowering of CSF pressure.

Reviewer's code: 00401043

Reviewer's country: Afghanistan

Science editor: Yue-Li Tian

Date sent for review: 2014-09-22 16:29

Date reviewed: 2014-09-24 05:09

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This review summarizes the roles of fluctuating raised intracranial pressure and transverse sinus compression in developing idiopathic intracranial hypertension. These components give rise to vicious cycle that can be relieved by prolonged and sustained lumbar drainage of liquor. The Author, on basis of scientific literature and observed cases, suggests to get under recommended values (9 cm H₂O) measuring intracranial pressure every 12 hours. Several points need clarifications: ? The Author should indicate the others factors that could promote increased idiopathic intracranial pressure (i.e. hormonal). ? Alternative proposals for treatment should be discussed. ? Which are the traditionally recommended values of pressure? ? Using this protocol, does visual impairment improve immediately? ? How can low-pressure headache be distinguished by high pressure one? ? Are fluctuations in intracranial pressure controlled by this treatment better than lumbo-peritoneal shunt?

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Neurology

ESPS manuscript NO: 14139

Title: Resolution of idiopathic intracranial hypertension after sustained lowering of CSF pressure.

Reviewer's code: 00646655

Reviewer's country: United States

Science editor: Yue-Li Tian

Date sent for review: 2014-09-22 16:29

Date reviewed: 2014-10-08 04:59

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Comments to authors: The manuscript (Resolution of idiopathic intracranial hypertension after sustained lowering of CSF pressure by Peter Gate) reviewed the clinical features, pathophysiology and possible treatments of idiopathic intracranial hypertension. Comments: 1. It is suggested to make sub-titles or sections in the manuscript to make it more organized and structured to read. 2. More and detailed introduction and discussion regarding the pathophysiologic mechanisms of IIH should be included. Such as: are there any familiar or genetic correlations with IIH? 3. Any relationship with systemic blood pressure or hormonal level with IIH? 4. Except for lumbar puncture and drainage, any other possible treatment plans? And what are the longtime complications of IIH?