

## Review Form 1.7

Journal Name:	<a href="#">Asian Journal of Research and Reports in Neurology</a>
Manuscript Number:	Ms_AJORRIN_97625
Title of the Manuscript:	<b>Steroid-responsive encephalopathy associated with autoimmune thyroiditis (SREAT): A rare case report</b>
Type of the Article	<b>Case study</b>

### **General guideline for Peer Review process:**

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<https://www.journalajorrin.com/index.php/AJORRIN/editorial-policy> )

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**PART 1: Review Comments**

	<b>Reviewer's comment</b>	<b>Author's comment</b> (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<p><b>Compulsory</b> REVISION comments</p> <p>1. <b>Is the manuscript important for scientific community?</b> (Please write few sentences on this manuscript)</p> <p>2. <b>Is the title of the article suitable?</b> (If not please suggest an alternative title)</p> <p>3. <b>Is the abstract of the article comprehensive?</b></p> <p>4. <b>Are subsections and structure of the manuscript appropriate?</b></p> <p>5. <b>Do you think the manuscript is scientifically correct?</b></p> <p>6. <b>Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form.</b></p> <p><b>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</b></p>	<p>Yes, the manuscript is quite important for the scientific community because it talks about a rare disease that is also considered controversial. In this case, also single case reports counts as they can contribute to further clarifications of the disease.</p> <p>The title of the article is appropriate, but in my opinion somewhat common and similar to older ones. Alternative title: <i>Possible steroid-responsive encephalopathy associated with autoimmune thyroiditis (SREAT) in a patient with impaired consciousness.</i></p> <p>Yes, the abstract is easy to understand and quite a good summary of the article.</p> <p>Yes, the subsections and the structure of the manuscript are appropriate.</p> <p>I think that the manuscript is scientifically not completely correct: In order to make the diagnosis of SREAT the authors applied the diagnostic criteria of Peschen-Rosin from 1999, which are fulfilled. However, newer criteria have been proposed in the meantime, namely 2016 by Graus et al.:</p> <p>1. <i>Encephalopathy with seizures, myoclonus, hallucinations, or stroke-like episodes</i> 2. <i>Subclinical or mild overt thyroid disease (usually hypothyroidism)</i> 3. <i>Brain MRI normal or nonspecific abnormalities</i> 4. <i>Presence of serum thyroid (TPO, TGB) antibodies (no disease-specific cutoff)</i> 5. <i>Absence of well-characterized neuronal antibodies in the serum or CSF</i> 6. <i>Reasonable exclusion of alternative causes.</i></p> <p>According to this definition, in the present case the diagnostic criteria 1 and 5 are not fulfilled <input type="checkbox"/> the patient showed only a disturbance of consciousness and it seems that no neuronal antibodies were measured in the patient's CSF. However, it is very important to measure "well-characterized neuronal antibodies" in the CSF to rule out autoimmune encephalitis, as these also often improve significantly with steroid therapy. In addition, these autoimmune encephalitis' are also ultimately included indirectly under point 6 of the diagnostic criteria and must be therefore considered in the differential diagnosis in the article.</p> <p>Finally, an "abnormal EEG" is no longer included in the newer clinical criteria. And the EEG of the reported case is quite unspecific. On the contrary, such diffuse EEG activity slowing without focal epileptiform discharges can be found in metabolic encephalopathy also caused by hypothyroidism.</p> <p><b>In summary</b>, the lack of measurement of neuronal antibodies in CSF, the non-specific EEG abnormalities and the failure to meet all diagnostic criteria of Graus et al. only allows the diagnosis of a POSSIBLE SREAT. In other words, the conclusion reported in the manuscript "<i>Our patient who presented with altered sensorium had overt hypothyroidism, elevated levels of anti-TPO antibodies and abnormal EEG findings, hence the diagnosis of SREAT was made</i>" is scientifically not completely correct.</p> <p>The references are generally quite old (the most recent one dates from 2011). This fact is also clearly evident under point 5 (see above). A search of more recent articles should be carried out, therefore suggesting additional references here would take up too much space.</p>	
<p><b>Minor</b> REVISION comments</p> <p>1. <b>Is language/English quality of the article suitable for scholarly communications?</b></p>	<p>The English quality of the article is quite good and only needs a little proofreading.</p>	
<p><b>Optional/General</b> comments</p>	<p>The case report is quite interesting, however, there are some content-related weaknesses (see above) which should be corrected. The authors can also disagree with the present comments and be sure of their diagnosis. However, this should be mentioned/illustrated in the discussion.</p>	

**PART 2:**

	<b>Reviewer's comment</b>	<b>Author's comment</b> (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<p><b>Are there ethical issues in this manuscript?</b></p>	<p><i>(If yes, Kindly please write down the ethical issues here in details)</i></p>	

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