Review Form 3

Journal Name:	**International Journal of Medical and Pharmaceutical Case Reports**
Manuscript Number:	**Ms_IJMPCR_129533**
Title of the Manuscript:	**A Case-Report on Double Seronegative Neuromyelitis Optica Spectrum Disorder (DN NMOSD)**
Type of the Article	**Case report**

General guidelines for the 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 guidelines for the Peer Review process, reviewers are requested to visit this link:

https://r1.reviewerhub.org/general-editorial-policy/

Important Policies Regarding Peer Review

Peer review Comments Approval Policy: https://r1.reviewerhub.org/peer-review-comments-approval-policy/
Benefits for Reviewers: https://r1.reviewerhub.org/benefits-for-reviewers

PART 1: Comments

	Reviewer's comment	**Author's Feedback** *(Please correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)*
Please write a few sentences regarding the importance of this manuscript for the scientific community. A minimum of 3-4 sentences may be required for this part.		
Is the title of the article suitable? (If not please suggest an alternative title)		
Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here.		
Is the manuscript scientifically, correct? Please write here.		
Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.		

Review Form 3

Is the language/English quality of the article suitable for scholarly communications?		
Optional/General comments	2024_IJMPCR_129533 “ Case Report on double seronegative Neuromyelitis optica spectrum disorder” The case reports describes an interesting scenario in which a 55 year old male patient with CNS demylinating disorder, with two episodes of neurological dysfunction within three months, and negative serology testing for Aquaporin antibodies, MOG antibody and CSF negative for Oligoclonal bands. However the case follow up seems incomplete and may require some more information. • Introduction - 10th line mentions “Myoglobulin Oligodendrocyte Glycoprotein antibodies” Of which there is no further description. Is it the same as MOG antibody or different ? Please clarify. • It was mentioned that there was blurring of vision. There was no RAPD. Pupils was normal size and reacting well. Fundi were normal. Was there optic neuritis or not. If it was present, how was it confirmed ? • The articles refernced 14, & 15, mention thta Optic neuritis and spinal cord lesions are necessary to diagnose Double Negative NMO-SD. The present case does not satisfy this criterion. • In the absence of confirmatory test is it wise to call it NMO-SD, or better as "CNS inflammatory disease, not specified". What way is it different from CLIPPERS syndrome, which has almost the same features as described in this patient. • Was vasculitic work up and tests for sarcoidosis carried out ? • Was there improvement following Intravenous immunoglobulins? What was the duration of follow up? Obviously steroid cannot be continued indefinitely in a diabetic subject. • Was any immunomodulatory drug initiated , if yes, which drug, and what is the proposed duration of follow up ?	

PART 2:

	Reviewer’s comment	**Author’s comment** ***(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)***
Are there ethical issues in this manuscript?	***(If yes, Kindly please write down the ethical issues here in details)***	

Reviewer Details:

Name:	**Radhakrishna Hari**
Department, University & Country	**Care Hospitals, Hyderabad, India**