SDI Review Form 1.6

Journal Name:	**International Neuropsychiatric Disease Journal**
Manuscript Number:	**Ms_INDJ_31801**
Title of the Manuscript:	**ACUTE NON-COMMUNICATING HYDROCEPHALUS DEVELOPED WITHIN 48 HOURS IN A PATIENT WITH SYSTEMIC LUPUS ERYTHEMATOSUS**
Type of the Article	**Case Report**

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:

(http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline)

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PART 1: Review Comments

	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)*
Compulsory REVISION comments	**Nice paper. A magnetic resonance with CSF flow image could provide more information on the pathogenesis, just as a magnetic resonance angiography to allow visualiation of dural sinuses**	**I agree with reviewer on that CSF flow MRI imge and MR angiography could provide information on the pathogenesis especially if there is dural sinuses thrombosis or obstruction and aquaduct stenosis, As we mentioned in the manuscript discussion section That we could not have optimum investigation for our patient because of the dramatically swift deterioration in his health conditions and most of the staff are not familiar with such rare case even me this the first time in my career to be consulted for such patient with SLE neurpsychiatiric complications who developed hydrocephalus within 48 hours in his last days. we could not even obtain a control diffusion MRI for comparison, we could make compression only with the last control cranial CT which was demonstrative to some extent. However, we were able to observe only the partial narrowing of the basal cisterns, aquaduct cerebri that we hypothezise it might be the underline causes for hydrocephalus, but we stressed that it is worthy to mention that specific serological tests, radiological modalities such as PET CT, functional MRI, MRI angiography and venography and Digital Substraction Angiography (DSA) are of extreme important to provide informations and subsequently in evaluation of neuropsychiatric SLE patients pathogenesis and pathophysilogy.**
Minor REVISION comments		
Optional/General comments		