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		
Minor REVISION comments	**1.** Because of the hypertension and chronic renal failure are risk factors for ischemia stroke, I don't agree the author diagnosed the case with SLE-related cerebrovascular accident. Please clarify. **2. Based on the brain CT (Fig. 3), the fourth ventricle is enlarged, communicating hydrocephalus is more likely. Please clarify.** 3. In discussion section, the author say" In the case reported here, we theorize that direct compression of the aqueduct of Sylvius by SLE post-inflammatory reactions led to ischemic infarct and brain edema". I don't think it's proper the etiology is SLE post-inflammatory reaction. Please clarify	
Optional/General comments	Overall, little evidence to prove this case SLE-related CVA	

Reviewer Details:

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