Qeios

Peer Review

Review of: "Cerebral Hemorrhage as a Presenting Feature of Infective Endocarditis"

Mustafa Mahmood Eid[1]

1. Independent researcher

Thank you for this chance to review this case.

Strengths

Clinical Relevance and Educational Value

The case highlights a rare but critical presentation of infective endocarditis (IE) with **intracerebral hemorrhage due to a ruptured mycotic aneurysm**, a well-documented but infrequent complication.

Demonstrates the diagnostic and management complexity associated with **neurological complications in IE**, which is increasingly relevant in aging populations with comorbidities.

Clear Case Structure

The case is well-organized with defined **Introduction, Case Presentation, Discussion**, and **Conclusion** sections.

Use of **supportive imaging (CT, TTE, CXR)** and clinical details strengthens the diagnostic timeline.

Multidisciplinary Emphasis

Proper emphasis on the **multidisciplinary coordination** between cardiology, neurology, infectious disease, and intensive care—this is key in high-impact case discussions.

Ethics and Transparency

Informed consent and compliance with the Declaration of Helsinki were documented, with a conflict of interest and funding statement included.

doi.org/10.32388/I43GKP

⚠️ *Areas for Improvement*

Language & Grammar

Several instances of **grammatical errors and typos** (e.g., “the patient unfortunately present a cardiorespiratory arrest”) should be corrected for clarity and professional tone.

A thorough language edit by a native or professional medical editor is recommended.

Scientific Rigor

While the discussion is solid, **references lack standard citation formatting**, and some sources are not directly hyperlinked or formatted per journal norms (e.g., Vancouver or APA style).

Specific mention of **mycotic aneurysm imaging** (e.g., cerebral angiography or MRI/MRA), even if not done, would be useful in showing limitations or decision rationale.

Differential Diagnosis

A brief paragraph addressing initial differentials for **intracerebral hemorrhage in a febrile patient** (e.g., hypertensive bleed, vasculitis, embolic infarct with hemorrhagic transformation) would add depth.

Timeline & Flow

The timeline of events (e.g., day of ICU admission to death) is **not entirely clear**. Adding a short **chronological table or paragraph** summarizing key events would enhance clarity.

Figures and Captions

Figures are helpful but lack **detailed captions and legend information**. Each image should include modality, date (e.g., Day 1 CT), and arrow annotations if possible.

Novelty

Consider emphasizing how this case differs from similar cases in the literature. Is the pathogen (Staphylococcus xylosus) unusual in this setting? Was the rapid deterioration or the non-surgical course unique?

Declarations

Potential competing interests: No potential competing interests to declare.