Review Form 1.6

Journal Name:	**Journal of Advances in Medicine and Medical Research**
Manuscript Number:	**Ms_JAMMR_88245**
Title of the Manuscript:	**Management of Complex Wide Neck Intracranial Aneurysms**
Type of the Article	**Original Research Article**

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:

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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	**The topic undertaken by the researchers is extremely important and still requires research.** **The authors of the paper presented the results of prospective studies based on 50 patients from 3 clinic centers.** **In the beginning, I propose to change the title, because the title in its current form does not fully correspond to the subject matter discussed.** **I propose to change it to "Evaluation of the effectiveness of the complex wide-neck intracranial aneurysms management - a prospective case study"** **The aim of the study is to evaluate the effectiveness and safety of procedures in the treatment of complex wide-neck intracranial aneurysms.** **The introduction is correct, although I did not find any indications for the use of various therapeutic methods. What do they depend on, whether it is the severity of the change, or whether there is a lot of freedom of choice in the way of treatment and "devices" used?** **It has important implications, it is known that aneurysms in difficult places will have a worse prognosis than those in safer places and it is not the technique that will be important here, but the place, age of the patient, additional diseases ...** **I do not understand some of the wording in the article, there is no explanation of the abbreviations: MCA, mRS grade, CBC, CT Brain, MRI brain, MRV, CT brain, PICA aneurysms, ICA aneurysms, WFNS grading (they are supposed to be obvious, but how is it in practice should be explained in an article lest the reader have any doubts). MCA - is explained under Table 1 and not the first time it is used in the text.** **In addition, it would be useful to provide information at least briefly about mRS grade or Coilin + balloon.** **Certainly the article requires linguistic correction because some wording is incorrect, e.g .: Diabetes mellitus and family history of aneurysms were significantly higher in the ruptured group compared to the unruptured group.** **It should be changed into: the numbers of diabetic patients cases and the family history of aneurysms were higher in the ruptured group.** **This applies to the entire description of the results.** **I do not understand the entry in Table 3.** **What does this mean in brackets% for gender: we can see from the table there were men 12%, women 12%, and 76% for the rest? Do these percentages apply to everyone together, I mean people in both groups? This should be clearly written so you don't have to think twice.** **It would be useful to have more data on patients, whether any inflammatory parameters were assessed, so as to better approximate their condition at the time of admission to the hospital.** **I admit that although the goal seems to be quite precise to me, after reading the article and reading the conclusions, I do not feel that the conclusions are innovative. I was expecting them before reading the article.** **Authors wrote that** **Endovascular techniques are better at dealing with the complex anatomy of intracranial aneurysms.** **Better than what?** **In the case of a ruptured aneurysm, the earlier treatment, the better the result, preventing the risk of re-bleeding and safely managing vasoconstriction - this is very obvious and does not require deeper analysis.** **Brain CT angiography with 3D reconstruction has proven to be a fast and reliable method for the diagnosis and pre-operative planning of brain aneurysms. Fast, and which ones weren't fast?** **The age of the patient, the initial clinical and radiological assessment of the disease, and the underlying medical conditions can have a big influence on the result. - This is obvious.** **Optimal management requires the effective cooperation of a neurosurgeon, an endovascular intervener, a neuroradiologist, a neuroanesthesiologist, and intensive treatment - that is obvious.** **In my opinion, although I consider the article important, it is poorly written and does not provide much cognitive content.** **Among these 50 patients, one should try to select those with a similar initial condition and compare the effectiveness of the treatment if different methods were used.** **Or maybe the researchers should try to relate it to other studies of this type. That would be interesting and could give you a clue as to how to proceed.**	
Minor REVISION comments	English language check is required. All abbreviations should be explained.	
Optional/General comments	I have no more comments.	

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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:

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