



SDI Review Form 1.6

Journal Name:	Advances in Research
Manuscript Number:	2014_AIR_11365
Title of the Manuscript:	The Epidemiology of hernias in Tamale, Northern Ghana
Type of the 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:

(<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	<p>This is a retrospective review from one of the African country to highlight the epidemiology of Hernia in the region. It will be of interest to the readers, as they will have insight about this the prevalence and management of this common surgical entity.</p> <p>1. There are some spelling Mistakes, which needs corrections such as Unbilical should be</p>	<p>Find below our response to the comments of the reviewer</p> <p>1. There are some spelling Mistakes, which needs corrections such as Unbilical should be "umbilical" (Table 1, Table 2)</p> <p>Response: Tables 1 and 2 have been revised as shown below</p> <p>Table 1: General characteristics of the patients</p> <table> <tr> <th>Variable</th><th>No. of patients</th><th>%</th></tr> <tr> <td>Sex</td><td></td><td></td></tr> <tr> <td>Male</td><td>1236</td><td>92.9</td></tr> <tr> <td>Female</td><td>94</td><td>7.1</td></tr> <tr> <td>Age (years)</td><td></td><td></td></tr> <tr> <td>1-20</td><td>47</td><td>3.5</td></tr> <tr> <td>21-40</td><td>1206</td><td>90.7</td></tr> <tr> <td>41-60</td><td>74</td><td>5.6</td></tr> <tr> <td>61+</td><td>3</td><td>0.2</td></tr> <tr> <td>Types of hernia</td><td></td><td></td></tr> <tr> <td>Inguinal hernia</td><td>395</td><td>29.7</td></tr> <tr> <td>Femoral hernia</td><td>20</td><td>1.6</td></tr> <tr> <td>Recurrent hernia</td><td>260</td><td>20.1</td></tr> <tr> <td>Incisional hernia</td><td>350</td><td>27.1</td></tr> </table>	Variable	No. of patients	%	Sex			Male	1236	92.9	Female	94	7.1	Age (years)			1-20	47	3.5	21-40	1206	90.7	41-60	74	5.6	61+	3	0.2	Types of hernia			Inguinal hernia	395	29.7	Femoral hernia	20	1.6	Recurrent hernia	260	20.1	Incisional hernia	350	27.1
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	<p>if there is a real increase in the incidence or this high number is due to increase population</p>	<table><tr><td>Umbilical hernia (n=35)</td><td>5(14.3%)</td><td>7(20.0%)</td><td>5(14.3%)</td><td>9(25.7%)</td><td>9(25.7%)</td><td>0.116</td></tr><tr><td>Epigastric hernia (n=270)</td><td>45(16.7%)</td><td>55(20.4%)</td><td>55(20.4%)</td><td>70(25.9%)</td><td>45(16.7%)</td><td><0.001</td></tr><tr><td>Others</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td></tr></table>	Umbilical hernia (n=35)	5(14.3%)	7(20.0%)	5(14.3%)	9(25.7%)	9(25.7%)	0.116	Epigastric hernia (n=270)	45(16.7%)	55(20.4%)	55(20.4%)	70(25.9%)	45(16.7%)	<0.001	Others	0	0	0	0	0	
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	<p>ii. The hernias in childhood are different than adults. The authors shouldn't mix the two. In my opinion, they should divide study in two groups, congenital and acquired hernia and then compile</p>	<p>2. Line 109: It should be Table 3 as the legend described is for table 3</p> <p>Response: This has been revised as follows</p> <p>“Shown in table 3 is the incidence of the different types of hernia according to age category.”</p> <p>3. Ref 23 should be cited properly</p> <p>Response: The reference has been revised as follows;</p> <p>“National Health Insurance Authority: National Health Insurance Scheme. 2003. Retrieved from http://www.nhis.gov.gh/nhia.aspx”</p> <p>4. Increase in the incidence of hernia over the years. It should be</p>																					



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	<p>results and write discussion. The pathophysiology of adult hernia needs to be discussed in context to local predisposing factors.</p> <p>iii. The authors have mentioned about high recurrence rate, which requires to be explained as why there is high recurrence.</p> <p>iv. The authors</p>	<p>compared with the population or hospital admissions during these years to see if there is a real increase in the incidence or this high number is due to increase population</p> <p>Response: We agree with the reviewer that information on the population and hospital admissions will go a long way to improve the quality of the paper. However, this information is beyond the scope of the study. We recognize the unavailability of this information as a limitation of the study.</p> <p>5. The hernias in childhood are different than adults. The authors shouldn't mix the two. In my opinion, they should divide study in two groups, congenital and acquired hernia and then compile results and write discussion. The pathophysiology of adult hernia needs to be discussed in context to local predisposing factors.</p> <p>Response: We recognize the comment of the reviewers. The data on the childhood hernias were very small, almost negligible. This is the reasons for the age categorizations employed in the study. The childhood hernias are covered in the age category of 1-20 years. However, the following revisions were made.</p> <p>"The reasons for neglect of the hernia could be as a result several factors including availability of few well-resourced health facilities, high poverty state of indigenes, bad and inaccessible roads to health facilities, ignorance of the people about health matters and the general lack of competent, skilled staff. Furthermore, the complete absence of</p>
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	<p>have mentioned about high incisional hernia rate, which also needs to be explained.</p> <p>Overall, the authors have attempted nicely, but manuscript needs a thorough revision to be more specific and concise in regard to epidemiology in the local set up.</p>	<p>paediatric surgeons and the recently brought in few young general surgeons have also contributed to the neglect of hernias till adulthood."</p> <p>6. The authors have mentioned about high recurrence rate, which requires to be explained as why there is high recurrence.</p> <p>Response: This has been explained in the manuscript as follows</p> <p>"In addition, over 90% of hernia cases are repaired by general medical officers and under emergency conditions. Many hospitals have a one general medical officer stationed, who attends to all major cases (e.g. OPD, medical emergencies, obstetrics and gynae as well as surgical, trauma and orthopaedic emergencies). Inferior, inappropriate and cheaper suturing materials are often used in the repair of the hernia. These reasons may also contribute to the high incidence recurrent hernias"</p> <p>7. The authors have mentioned about high incisional hernia rate, which also needs to be explained.</p> <p>Response: This has been revised in the manuscript as follows</p> <p>"Poor nutritional status in addition to the reasons identified for the high incidence of the recurrent hernia may account for the high incidence of incisional hernia".</p>
Minor REVISION comments		
Optional/General comments		