



SDI Review Form 1.6

PART 1:

Journal Name:	<u>International Journal of TROPICAL DISEASE & Health</u>
Manuscript Number:	2013_IJTDH_5029
Title of the Manuscript:	Neurocysticercosis: A Health Burden in Nepal and Other Developing Countries
Type of the Article	Research paper

General guideline for Peer Review process is available in this link:

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

- This form has total 7 parts. Kindly note that you should use all the parts of this review form.



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PART 2: 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	1. 1.Introduction Line 40:' It is rare in Eastern and Central Europe'. This is not totally true. Vide paper Del Brutto OH. Neurocysticercosis in Western Europe: a re-emerging disease? Acta Neurol Belg. 2012;112:335-43 170. The authors must clarify whether the generalized tonic clonic seizure is primary or secondary as most of the studies indicate partial seizure is the commonest mode of presentation of Neurocysticercosis with solitary cyst. 179. Neurocysticercosis can be an important cause of stroke in the young people. The authors should comment about the association and mechanism of stroke in NCC patients briefly. In the radiological presentation authors should try to correlate the radiological presentation or appearance with the stage of the cyst i.e. at what stage of the lifecycle NCC appears as ring enhancing lesions in scan, which stage triggers maximum inflammation etc. Though authors included a table at the end but I think they should mention these here. 207. Tuberculoma is a very important differential diagnosis of solitary ring enhancing lesion especially in South East Asia. Sometimes radiology can be very	I have cited this reference from Neurocysticercosis in patients presenting with epilepsy at St Elizabeth's Hospital, Lusikisiki and Neurocysticercosis in Nepal and It's Global Perspective Agrawal JP Maharajanj Medical Campus Institute of Medicine, Kathmandu, Nepal The WHO has classified neu Gilberto Serrano Ocana, Juan Carlos Ortiz Sablon, Ilen Ochoa Tamayo, Leonardo Almaguer Arena, Luz Maria Serrano Ocana, Sharlene Govender. However this statement is not correct so I corrected.

[illegible]



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	O'clock position which authors should point as scolex is one of the definitive diagnostic criteria for NCC.	
<u>Minor</u> REVISION comments	May include the word 'Starry sky' appearance to describe the figure of multiple Neurocysticercosis	
<u>Optional/General</u> comments	Nil	