



SDI Review Form 1.6

PART 1:

Journal Name:	<u>International Journal of TROPICAL DISEASE & Health</u>
Manuscript Number:	Request for final decision for manuscript number 2013_IJTDH_5029
Title of the Manuscript:	Neurocysticercosis: A Health Burden in Nepal
Type of the Article	Review 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 comments (if agreed with reviewer, corrects the manuscript and highlight <i>that part in the manuscript</i> . It is mandatory that authors should write his/her feedback here)
Compulsory	Abstract Background: Neurocysticercosis is a public health burden in Nepal. This paper highlights the epidemiological criteria, treatment and prevention of NCC in Nepal. Methods: Literature review on NCC in Nepal and globally was carried out. Information on NCC modes of transmission, pathophysiology, diagnosis, treatment and prevention were sought out. Serum from 60 NCC patients based on computerised tomography (CT scan) and MRI diagnoses were tested at Kathmandu Hospital Nepal by enzyme-linked immunoelectrotransfer blot (EITB). Findings: Poor sanitation and hygiene accompanied with free range system of keeping pigs, deliberate use of human feces as pig feeds and social economic status of the society were reviewed the main causes for the persistence of NCC in Nepal. It was found that NCC exists in various development stages in the human brain as vesicular, colloidal, granular nodular and calcified forms. Based on the developmental stage and location of the cyst, a patient may present a focal seizure (FS), FSSG, GTCS or intractable seizures, headache, vomiting, impaired vision and or cognitive dysfunctions. Radio-imaging (CT scan and MRI) techniques and immunodiagnostic kits (ELISA, EITB, Dot Blots, and Western Blots) were found the main tools for diagnosis of NCC/cysticercosis in Nepal. The chemotherapeutic treatment for NCC associated epilepsy was found to be analgesics, corticosteroids, and/or a combination of both. Albendazole was found the most used and effective anthelmintic drug for the treatment of multiple lesion NCC. Conclusion: NCC is an easily preventable disease of poor and with the diagnostic techniques and treatment routines in place; these poor cannot easily access the service. It is recommended that provision of education to the public on the epidemiology of the disease, promotion of safe pork production practices, supply of tape water and, improvement of personal hygiene and sanitation would play a bigger role in eradicating the disease.	

Comment [RC1]: NCC is an easily preventable disease of poor and the neglected people. In a resource limited setting like Nepal, effective diagnostic techniques and treatment routines is very difficult.

Comment [RC2]: tapwater.

Comment [RC3]: deleted



Minor		
Line 20: Define NCC in line 13	Corrected.	
Line 31: Keywords: NCC, transmission, diagnosis, treatment, prevention	Corrected.	
Line 34: of pork tapeworm.....	Corrected	
Line 35: Delete "(T. solium)" and replace "anthelmintic" with "parasitic"	Corrected	
Line 36: acquire <i>T. solium</i>	Corrected	
Line 38: released through feces from pork tapeworm.....	Corrected	
Line 37: of cysticercosis in both humans and pigs occurs.....	Corrected	
Line 39-40: Delete "in developing.....containing eggs"	Corrected	
Line 40-41: Rephrase to "humans acquire cysticercosis following.....fecally....."	Corrected	
Line 54: The parasite.....	Corrected	
Line 58-72: Need source (Citation)	Cited reference.	
Line 68-69: Should read "muscles and central nervous system (CNS)	Corrected	
Line 71: and under the skin.....	Corrected.	
Line 79-80: Delete "however, such cases are very rare"	Corrected	
Line 84: Should read "Reports on cysticercosis....."	Corrected	
Line 97: For example.....(should start as a new paragraph)	Corrected	
Line 123: Yet, in.....	Corrected	
Line 126: Delete "this was" line 128.....techniques (21).		
Line 129: Delete"and NCC".....	Corrected	
Line 161: seizures (70-80%).....	Corrected	
Line 167: Delete "our hospital", "(" and ")"; replace "presenting" by "presented"		
Line 168: Replace "we have" by "it was"	Corrected	
Line 177: Remove the word "vesicular"; Refer: Molinari and Tato (2002). Molecular determinants of host-parasite interactions. <i>T. solium</i> cysticercosis from basic to clinical science....	Cited.	
Line 178: Source		
Line 185: Remove "in"	Corrected	
Line 203: Delete "(described below)"	Corrected	
Line 211: protein antigens (Ag)....	Corrected	
Line 213: Delete "the"		
Line 227: Move ", respectively" to just after line 228 [31]	Corrected	
Line 228: Should read "Carod et al."		
Line 230: all tests showed.....	Corrected	
Line 253: Delete "." before [38]	Corrected	
Line 288: Delete "the" before "India"	Corrected	

Comment [RC4]: didn't get it??



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	Line 312: Should read “16.2%”; replace “This study” by “It was also.....” Line 322: Should read.....seem to be..... Line 350: Should read “our own” Line 374: Should read “was found eff.....” Line 376: NCC is..... Line 390-394: Authors’ contributions should be reported in the form of past tenses	Corrected Corrected Corrected Corrected
<u>Optional/General</u> comments	i. Having complied with the above comments, the manuscript can be submitted for language editing and typesetting before it is published. ii. The fact that this is a review article, I again proposal the title reads as follows “<i>The epidemiology and health burden of neurocysticercosis in Nepal</i>”	Thank you for the rigorous evaluation.