



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2014_IJTDH_8985
Title of the Manuscript:	Serum Iron Status and Haematological Profiles in Adult Nigerian Sickle Cell Anaemia Patients
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:

(<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	The paper is interesting and well written but there are comments to be considered by authors. See attached reviewer report.	
Minor REVISION comments	Line 21 What do you mean by “the red cell indices of SCA patients indicated iron deficiency anaemia.~~deleted~~ Present study did not demonstrate absence or presence of such condition. Was the overall mean values for serum iron parameters within the reference range for iron deficiency anaemia definition for SCA. The number of SCA with iron deficiency anaemia was not demonstrated.	Done



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	• Response: <i>The initial aim was to compare and not to stratify. However, a table has been included stratifying the parameters into within normal ranges, above or below in order to see those with outright iron deficiency picture</i> <i>Conclusion</i> • Your conclusion was not too good. Your conclusion should be based on your findings. Iron deficiency anaemia was not one of your findings. • Action: Noted with thanks. Adjustment made Introduction: Line 55 • Change “multiply” to multiple. • Action: Change effected Line 57 • How do excessive sweating result into iron deficiency anaemia. • Response: <i>Yes Iron is minimally lost through sweats. Exfoliation of skin etc physiologically amounting to 1mg/day</i>	
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	Line 71 – 75 • Iron deficiency anaemia is thought to be rare among adults compare to under five children in the tropics. Are you expecting to have several publications on condition that was not prevalent among that particular age group. • <i>Response: I meant to say that there was paucity of information in respect of peculiar situations in the tropics that are like to precipitate or explain IDA in SCA patients in the tropics.</i> Materials and Method Line 96 • Add country of production • <i>Response: China included</i> Line 103 • What is the meaning of HPLC? The abbreviation is appearing for the first time. • <i>Response: Full meaning supplied</i> Line 114 • What is “$X \pm \overset{SD}{\text{ }}$”<i>Response: Meaning</i>	
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	<i>supplied</i> Line 115 • What is the meaning of SPSS? • Response: Statistical Package for Social Sciences (included) General comments • How did the researchers exclude subjects with thalassaemia considering the findings from there study? Alpha-thalassemia has a high prevalence in this population, so microcytosis may be an indicator of alpha-thalassemia as opposed to iron deficiency. As such, the authors have not convincingly demonstrated that any of the SCD patients have iron deficient anemia. <i>Response: What is known to be common is the coesxistence of thalassaemia with SCD. Frank thalassaemia disease is very rare in this environment</i> • Concomitant alpha-thalassemia (demonstrated by molecular testing) <i>should be included in the exclusion criteria, Lack of molecular techniques in our setting has not allowed us to fully</i>	
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	<i>characterized the existing SCA patients. However we are very well conscious of this</i> • Results Line 161 – 170 • Require recasting. The WBC and platelet count have higher mean values in SCA subjects. Also MCV and MCH are not significantly different among SS compared with CC (p = 0.05, p = 0.88 respectively). • Response: Done General comments: • The authors' should present additional result based on serum iron parameters abnormality i.e. how many of the subjects have low, normal, and high reference values. • Response: A table (Table 4) addressing this has been inserted Discussion Line 177 • Is it that those outside the tropics are protected against iron overload? • Response: No. Sentence adjusted	
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	Line 207 – 209 - Require recasting as some information are not consistent with what presented in the result Line 221 - Change “multiply” to multiple Line 220 – 227 - What is the significant of this paragraph? Author did not present data according to blood transfusion history of the recruited subjects. Line 234 - MCHC was higher among SCA subjects compared to control groups Line 237 – 240 - Is elevated platelet count and white cell count a marker of chronic inflammation? What is the role of chronic ongoing haemolysis which is a characteristics of SCA in these findings of elevated platelet and white cell count? Line 241 – 246 - This paragraph appears to be the	
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	conclusion of this paper. It appears too weighty. Your conclusion should be based on findings from your study. General comments: • Some of the significant findings are not discussed. For example the serum iron mean values that was significant across all groups. • The authors' failed to provide explanation for significant findings in their study. • Also, the authors' did not compare their findings with any previous findinds. References • Ref 1, 4, 5, 7, 8, 14, 16 and 17 require review. Final Disposal: Overall, the manuscript needs revision.	
<u>Optional/General</u> comments		