



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>)



SDI Review Form 1.6

	not just mean values, but how many patients in each group qualify for ID. No units are shown for transferrin. Table 3. Again dot scattergrams would be more informative. However, a striking difference in MCHC is seen even from the mere mean values: the MCHC is high-normal in both sickle cell groups, and marginally low in the control group. This in itself would suggest that ID must be at best very rare in the former, and possibly not so rare in the latter. It is also noteworthy that MCV and MCH are significantly lower in the SS group than in the VOC group. Low MCV and low MCH with normal MCHC are highly suggestive of alpha thalassemia; and it may well be that this trait is more common in the SS group because it exerts some measure of protection against VOC. Discussion Surprisingly, many of the above points are not discussed. Even more important, no attempt is made to infer from the data what proportion, if any, of the two groups of sickle cell anaemia patients have IDA; or what proportion, if any, have iron overload. This is most disappointing since the reader would have had the impression that this was the main aim of the study. Also, surprisingly, whereas the role of blood transfusion is discussed, no attempt is made to correlate the iron status of individual patients with their respective previous transfusion history. Contrary to the statements in lines 207-209 and 234-236, low MCV with normal MCHC does not support IDA, but rather alpha than (see above).	I thank the reviewer for this elucidation. This has been included in the discussion Additional data (Table 4) has been included and the whole discussion has been re-written to take care of these valuable comments.
--	--	---



SDI Review Form 1.6

<u>Minor</u> REVISION comments	Introduction. Chronic anaemia is not a 'complication' of sickle cell anaemia: it is one of its main defining manifestations. A search of PubMed for sickle cell anaemia + iron deficiency yields n = 251: even if not all these papers may be pertinent, it seems a bit cavalier to quote only very few and to say there is limited info. Materials and Methods. The choice of acronyms seems unfortunate: SS usually means homozygous sickle cell anaemia; here instead it means steady-state. CC usually means homozygous Hb C disease: here instead it means case control. Results. I did not understand the many P values of 0.000 in Tables 2 and 3. Discussion In my view the discussion is rather loose, largely as a result of the major criticism above. Only a few of many previous relevant papers are quoted. In addition, some statements are pre-empted by rather elementary knowledge of sickle cell anaemia: for instance, it is a given that they are anemic due to haemolysis (lines 232-234)! In contrast, I cannot see 'multi-organ failure' (line 209) as relevant to this group of patients, since from the description given they were not terminal.	Sorry for the mix-up. It has been adjusted. Various complications are now included. "Limited info" refers to limited info in respect of this subject in the author's location of practice. I do agree. They were chosen and explained to make the write-up tidy. The authors guideline of this journal preferred p-value to be written as $p = .00$ instead of $p = 0.00$. Adjustment made to the column heading as ($p = .-$) and a foot note included as "$p < .05$ is considered significant. The whole discussion has been re-written to take care of these valuable comments. The highlighted cannot be found in lines 232-234 of this manuscript. Probably a mix-up. The quoted lines discussed the significance of RBC indices values. Progressive multi-organ damage and eventual failure, which occurs in SCD adversely affects iron metabolism.
<u>Optional/General</u> comments	Since there is a vast literature on sickle cell anaemia, blood tranfusion management, IDA and iron overload, from a new paper on the topic I would expect something new that I do not see. In addition, there are many shortcomings that I have tried to list.	