



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2015_IJTDH_17672
Title of the Manuscript:	Case Report and Literature review: Podoconiosis in South Western Uganda
Type of the Article	Case Study

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:

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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	In this case report, the authors described three suspected cases of podoconiosis in southwest Uganda. The description of the disease and the environmental variables support a case for podoconiosis. - A major limitation of the diagnoses of the cases is that skin sensation test has not been done to rule-out the possibility of leprosy. Leprosy is one of the common differential diagnoses of podoconiosis. From the cases' presentations such as hypopigmentation, shortening of the toes and webbing of the toes, tests should have been done for leprosy. If these tests have not been done, the limitation should be clearly reflected and the title should be reworded as 'suspected podoconiosis'. - What was the age of onset of the disease in these cases?	Dr. Silverman had assessed for sensation to pinprick and light touch in 2/3rds of the cases. This test was omitted in one suspected case but leprosy was considered in the confirmed and ½ of the suspected cases. 1st case: he was 72 and he told us that his swelling had been present for 15 years (mentioned in manuscript)- so we would assume around age 57 2nd suspected case: symptoms started around 1st pregnancy at age 30 (mentioned in manuscript) – patient was 72. 3rd case: Patient was 70 years old, he believes his swelling started as a teenager. All of this information was added to the manuscript.
Minor REVISION comments	- What is the perception behind the stigma experienced by the cases? Why do people think the disease is hereditary?	As the disease has rarely been reported in Uganda, we don't have local information about stigma. In Ethiopia some people believe podoconiosis is hereditary, thus patients are stigmatized because they would not want to marry an individual for potential risk of their children being affected, others worry about it being contagious and are worried about contracting the condition. The belief of the heritability of the condition is based on the fact that family members do have a higher incidence of the disease as 1) They live in a similar environment and usually share the risk factor of poverty and thus the lack

	• • • • • • • • • • • • • • - Is there a local terminology for the condition reported by the three cases? Is this terminology different from leprosy? Please describe the meaning of the terminologies used. • • • • • - On page 1, it has been described that the prevalence of podoconiosis is ~5% in Ethiopia. This should be corrected as ‘...the average prevalence of podoconiosis in endemic red clay soil areas is ~5%...’.	of availability of footwear; and 2)The HLA associations, and thus similar inflammatory response to the environmental stimulus, lead to clustering within families. Lines 50-55 refer to a papers relating to the condition being felt to be contagious and hereditary in Ethiopia. Lines 153-161 refer to a paper that outlines local attitudes towards heritability and to stigma. (<i>The Association of Beliefs About Heredity with Preventive and Interpersonal Behaviors in Communities Affected by Podoconiosis in Rural Ethiopia</i>, Ayode et al. High levels of misconceptions and stigma^ain a community highly endemic for podoconiosis in southern Ethiopia, yacbo et al, 2008). In the local language, there is no local word for podoconiosis, however in southern Ethiopia local terms “<i>kita</i>” or “<i>inchricha</i>” are used Local patients and physicians in South Western Uganda were not aware of any local term for podoconiosis likely reflecting the lack of awareness of the disease, but in the local language of Kiga (also known as Rukiga) leprosy is referred to as “ebibembe”, and filiariasis is referred to as “Emirumo”. All of the above information, as well as this correction has been added to the paper.
<u>Optional/General comments</u>		