



SDI Review Form 1.6

Journal Name:	Journal of Advances in Medical and Pharmaceutical Sciences
Manuscript Number:	2015_JAMPS_18500
Title of the Manuscript:	Comparison of serum magnesium levels in Pre-eclamptic and Normotensive pregnant Nigerian women
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 major problem is that the results are not validated using other independent methods to measure magnesium which was different in 2 groups as demonstrated by photometrically. The manuscript could be strengthened by performing such analysis in another modality. Recently 2 subgroups [based on phenotype] for preeclampsia [PE] has being recognised: early and late onset PE. There is no mention as to when [which trimester/gestational week] was serum collected. It is unclear at what gestational age the women were enrolled at or followed from (given that PE must be diagnosed >20 weeks). It is only mentioned in the result section that “The mean gestational age at diagnosis were 36.82 ± 2.75 weeks and 36.72 ± 3.23 weeks respectively”. Hence, it appears that only late onset PE cases were included. The authors must include a paragraph in the introduction describing early and late onset PE and then add discussion on role of magnesium and onset of PE in the discussion section. Cite the following references: Raymond D, Peterson E. A critical review of early-onset and late onset preeclampsia. <i>Obstet Gynecol Surv</i> 2011;66:497–506. R Mukherjee, CD Ray, S Ray, S Dasgupta, and K Chaudhury. Altered metabolic profile in early and late onset preeclampsia: A FTIR spectroscopic study. <i>Pregnancy Hypertension</i>, (2014) 4 (1): 70-80.	Kindly note that use of a second modality for validation was not done in this study. However, the method used for this study is highly sensitive as stated in the methodology. All the women were enrolled in their third trimester, at the time of diagnosis (36.82 ± 2.75 weeks and 36.72 ± 3.23 weeks respectively). Hence cases of preeclampsia recruited were late onset PE. A paragraph in introduction describing early and late onset PE has been included as suggested (Lines 24 – 29)



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	I would have liked to see a more focused discussion on what kind of insights into the underlying mechanisms/patho-physiology of two different phenotypes of pre-eclampsia (i.e. early and late onset disease) do the difference in magnesium profile provide and what clinical implications could the finding of this study have. Include a box-plot of serum magnesium level between the two groups. Ethical Issue: The institute ethical clearance reference number can be included.	Focused discussion as suggested has been done (Lines 170 – 174) This number is included under ethical approval (Line 251)
Minor REVISION comments	Instead of weight mention the BMI of both the groups. Seeing their weight it appears that obesity might play a role in the incidence of PE. Gestational age at sample collection should be included in Table 2 showing clinical characteristics A detailed description of effects and causes of PE must be included in introduction. Kindly refer: Khan KS, Wojdyla D, Say L, GÃlmezoglu AM, Van Look PFA. WHO analysis of causes of maternal death: a systematic review. Lancet. 2006; 367:1066–74. Kindly mention the guideline for diagnosis that [ACOG] has been followed for the inclusion of PE patients. Discussion is short and does not address how a clinician can benefit from the findings of this study. Kindly elaborate. The overall language throughout the manuscript needs to be revised.	The women’s heights were not measured during the study. Hence their BMI cannot be stated in the manuscript. The gestational age has been included in table 2 as suggested Effects of PE have been added (Lines 1&2) but causes and risk factors of PE were already in the introduction. How a clinician can benefit from the findings of the study has been stated (Lines 172 -174) The overall language in the manuscript has been revised as suggested.
Optional/General comments	I would like to recommend the study for publication provided the authors can address my concerns satisfactorily.	