



SDI Review Form 1.6

Journal Name:	Asian Journal of Case Reports in Medicine and Health
Manuscript Number:	Ms_AJCRMH_41067
Title of the Manuscript:	BILLIARY ATRESIA PRESENTING AS POST CIRCUMCISSION EXANGUINATION
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:

(<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	Thank you for allowing me to review your work. 1. Kindly mention that parents consented to the publication given that identity remained anonymous. 2. Please acknowledge autopsy authorities. 3. Kindly refer to more recent references. None apart from reference number 1 in line 63 and I think it is a typing mistake.	1. Obtained informed consent stated 2. Autopsy authorities acknowledged (see it after references) 3. Reference no 2 deleted, Old reference numbers 5 and 6 are deleted and replaced with newer (more recent) references (now reference numbers 4 and 5) and adjustments made to the literature.
Minor REVISION comments	Major points: 1.Late bleeding in biliary atresia is common because of liver cell failure, yet early bleeding is almost always correctable by vitamin K. Hence, from line 99 onwards, you have to forward the learned lesson from your case. You can either suggest recommending 5 hours prior to circumcision (1) routine vitamin k in any jaundiced infant, (2) routine vitamin K in any boy, (3) routine PT & PC in any jaundiced neonate. Or: recommend No circumcision in a jaundiced child unless in a medical facility. 2.Page 2 line 61: reference 1 is not about biliary atresia. Thus a correct reference has to be assigned. 3.Biliary atresia was proved to be induced by aflatpxins in Egyptian children. Please consider following references: - Nio, Masaki; Wada, Motoshi; Sasaki, Hideyuki; Tanaka, Hiromu; Watanabe, Tomohiko (2015). "Long-term outcomes of biliary atresia with splenic malformation". Journal of Pediatric Surgery. 50 (12): 2124–7. doi:10.1016/j.jpedsurg.2015.08.040. PMID 26613836. - Kotb MA. Aflatoxins in Infants with Extrahepatic Biliary Atresia. Med. J. Cairo Univ., Vol. 83, No. 1, March: 207-210, 2015. http://scholar.cu.edu.eg/?q=magdkotb/files/aflatoxins_in_biliary_atresia.pdf - Kotb MA. Extrahepatic Biliary Atresia is an Aflatoxin Induced Cholangiopathy in Infants with Null GSTM1 Genotype with Disrupted P53 and GSTPi to Mothers Heterozygous for GSTM1 Polymorphism: Damage Control is Mediated through Neutrophil Elastase and CD14+ Activated Monocytes: Kotb Disease. Med. J. Cairo Univ., Vol. 83, No. 2, March: 137-145, 2015 Minor: Kindly find suggestions: Page 1 line 12, please change “represented” by “presented”. Page 1 line 13, please change “she applied” by “Nurse advised” Page 1 line 13, please change “Approximately 3-4 hours later the baby was brought back to her dead.” Into Approximately 3-4 hours later the baby died” Please add subtitle page 1 line 15: “Autopsy findings” followed by Information” and “Gross Anatomy Findings” and “microscopic Findings” Page 1 line 15: Please change “Important history gotten at the autopsy venue” by “At the autopsy venue, relevant information was collected: “ Line 92: please refer to ultrasonographic TC sign and operative cholangiography. (Kotb MA, Sheba M, El Koofy N, Mansour S, El Karaksy HM, Dessouki NM, Mostafa W, El Barbary M, El-Tantawy HE, Kaddah S. Post-portoenterostomy triangular cord sign prognostic value in biliary atresia: a prospective study. Br J Radiol. 2005 Oct;78(934):884-7. PubMed PMID: 16177009.) (Shreef K, Alhelal A. Evaluation of the use of laparoscopic-guided cholecystocholangiography and liver biopsy in definitive diagnosis of neonatal cholestatic jaundice. Afr J Paediatr Surg. 2016 Oct-Dec;13(4):181-184. doi: 10.4103/0189-6725.194667. PubMed PMID: 28051047; PubMed Central PMCID: PMC5154223)	Advice / suggestion taken and reflected in “red” in the manuscript. “Example that no jaundiced child should be circumcised except in a medical facility.” 2. Page 2 line 61, reference 1 is changed to reference 6. 3. Aflatoxins has been included as a cause. See reference 9 MINOR: 1. Grammatical errors corrected 2. Some phrases edited and new sub headings added (all indicated in red in the manuscript). 3. The new references suggested by the reviewer, consulted and some finally incorporated in the manuscript. 4. THANK YOU REVIEWER FOR THE CONSTRUCTIVE AND BEAUTIFUL CRITICISMS.



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Optional/General comments	Reference 1: please consider <i>"Neonatal and child male circumcision: a global review"</i> (PDF). World Health Organization . 2010. Retrieved 2015-04-12.	
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