



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:

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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	Dear authors, I want to appreciate you for your excellent clinical observation, practical way of thinking and presentation of your case entitled" Biliary atresia presenting as post circumcision exsanguination" My major comments are: ➤ Case Report should cover one of the following: 1. A Unique presentation that cannot be explained by the known diseases or syndromes. 2. A case that show an important variation of a disease or condition that may add a new or useful information. In your work what is the aim of your work? - If you aim to report bleeding with biliary atresia (BA): Bleeding due to abnormal coagulation profile in patients with biliary atresia is a usual finding either due to associated cholestasis or advanced liver. - If you want to report a case of BA, it is already a well-known disease. - Lastly, if you want to address the error of male circumcision while the child was jaundiced, I think it is considered as a malpractice not a new case to be reported. So your case report added no additional knowledge. ➤ Items supporting diagnosis of BA are hypo-plastic gall bladder, clay stool, and the histopathological findings, but these findings are not pathognomonic for BA. Other cholestatic liver diseases may share these symptoms like Alagille syndrome. Cholangiogram is the gold standard tool to diagnose BA. ➤ Bleeding may be due to other bleeding disorder i.e. bleeding disorders of newborn, hemophilia, etc. You did not exclude other causes of bleeding tendency i.e. You did not ask about family history of hemorrhagic diseases. The child died at the age of one month, the diseases condition (BA) may be early to affect the prothrombin time (PT) to the grade that cannot be corrected by vitamin K injection. BA is a structural liver disease not a metabolic one. In BA, Vit K is affected by cholestasis as one of fat soluble vitamins and can be corrected by parental injection of vitamin K unless advanced liver diseases occurred and the synthetic function become impaired. Ethical issues: Did the author obtain informed written consent from his relative?	MAJOR COMMENTS - Thank you reviewer for enlightening us on what an ideal case report should be. - Though globally no new information is added to the known literature on BA, the aim of this documentation is to increase /awaken the suspicion index of a pathologist on the autopsy table. - Commonly in my environment, bleeding following male circumcision is mostly associated with haemophilias. - Cholangiogram (though the gold standard) was not done. - Other features that may be associated with haemophilia were not seen, though factor VIII and IX levels were not estimated. - Family history of common bleeding disorders were asked and ruled out. - The Vit K was applied topically on the glans penis and the histology showed that fibrosis had already set in. - Yes written consent was obtained from the parents after explanation.
Minor REVISION comments	• The abstract is not well structured. • Definition of BA in line 55 is not totally correct. • In line 89, "BA is excluded if small bowel is visualized after using isotope 99mTc-DISIDA" is not totally correct. Excretion may be impaired or delayed in neonatal	1. Abstract restructured Abbreviation list provided SPELLING MISTAKES



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	hepatitis due to poor hepatocellular extraction, and excretion into the bowl. • In line 93: Kasai operation is not curative, liver transplantation is the treatment of choice, Kasai Operation is considered to be a bridge for liver transplantation aiming to improve the bile flow although, the pathology may continue and progress to liver cirrhosis. • Abbreviation list is missing i.e. Biliary atresia (BA), Kasai portoenterostomy (KPE). • Spelling and editing mistakes: 1- BILLIARY to biliary. 2- EXANGUINATION to exsanguination 3- Biliary atresia.....in key words you should not use capital letter. 4- Rephrase this phrase:" Four hours later, the child represented with complaints of continued bleeding from the site of circumcisions". 5- Add space in (34 cm, 14 cm, 1.9 ft). 6- Line 28: intestines, and lung. Add (,) 7- In line 77: cholestasis, and progressive destruction Add (,). 8- In line no 54 the abbreviation (BA) can be used as it was first mentioned in line 31. 9- There is a slight female preponderance. Repeated twice in line 62 and 83. • References: 1. Line 62,63 reference is not correct, not related to BA but circumcision. 2. Reference 2,5,6 are not recent	1. Corrected 2. Corrected 3. Corrected 4. Rephrased 5. Space added 6. Corrected 7. Corrected 8. Corrected 9. Phrase on line 83 deleted 10. Ref 6 and 8 are related to BA 11. Ref 2 removed 12. 5 and 6 changed
<u>Optional/General</u> comments		