



SDI Review Form 1.6

Journal Name:	Asian Journal of Case Reports in Medicine and Health
Manuscript Number:	Ms_AJCRMH_40443
Title of the Manuscript:	Early Infantile Gangliosidosis GM1 with B/L pitting edema of lower Limbs
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>)



SDI Review Form 1.6

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)
<u>Compulsory</u> REVISION comments	<p>I recommend to slightly change the title for “The new case of Early Infantile Gangliosidosis GM1” and to express in the introduction section that since the disorder is rare (orphan), every new case should be documented.</p> <p>I have not found in the manuscript laboratory biochemical and genetic tests results of this child, such as beta-galactosidase activity and sequencing of the entire coding region of gene. Such diagnostic tools should be also mentioned in introduction.</p>	
<u>Minor</u> REVISION comments	<p>1. The authors state twice that “ Vertebral changes which includes bilateral lower limb asymmetry and edema” and that “These include vertebral changes which included Upper and lower limb asymmetry” but I am convinced that edema and limb asymmetry occur not always due to vertebral changes.</p> <p>2. Sometimes I feel that authors loose the sequence of tenses, such as in example below, where they from past tense continue to present tense and then return to past and probably the word “which” should be inserted after “diffusum”</p> <p>The mitral valve leaflets were thick and nodular 38 with vacuolated histiocytes and fibrous tissue. In some cases, the right coronary artery was 39 partially occluded by an atherosclerotic plaque containing ballooned cells.9 40 41 Skin manifestations include angiokeratoma corporis diffusum appears with gm1-42 gangliosidosis. The angiokeratomas did not form clusters but were scattered widely over the 43 body and proximal extremities. No angiokeratomas were observed on the penis.</p>	
<u>Optional/General</u> comments		

Reviewer Details:

Name:	Belenky Vadim
Department, University & Country	Russia