



SDI Review Form 1.6

Journal Name:	Asian Journal of Medicine and Health
Manuscript Number:	Ms_AJMAH_39960
Title of the Manuscript:	Adult onset stills disease: Advocating for new markers to overcome the diagnostic challenge.
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	[General comment]: (1) The writing, typing (especially the capital letter should be used for author name), and format of the manuscript are quite poor. Many grammatical errors are found anywhere in the text. English-editing is requested. (2) Considering the symptomatology and image study, the patient seemed to suffer from seronegative spondylitis in addition to AOSD. The patient complained of severe pain over left shoulder, lower back and chest with difficulty in breathing those lead her to cry. The plain abdominal X-film showed bilateral sacroiliitis (Fig.2A, Rt. side >Lt. side) in combination with L-spine lateral view (Fig.2B) that shows loss of lumbar lordotic curvature. Usually, AOSD does not exhibit spine and axial skeletal pain. [Specific comment]: (1) It is hard to understand the word “transaminitis” in text although increased liver transaminases (AST and ALT) can be speculated as “transaminitis”. The authors have to explain for it. (2) Abstract: For emphasizing the “new markers” in the title, some laboratory tests such as serum levels of glycosylated ferritin, IL-18, s-100 protein and CD163 should appear in “Abstract”. (3) Table 1: Since only one case is presented in the manuscript, why the caption of the table shows case 1 and case 2? In addition, the “Unit” and “Normal range” of the respective items are suggested to combine together and type in () followed by each test. (4) Discussion: It looks like a review article of AOSD. The length is suggested to cut-off 1/3 for simplicity.	1.Done 2.Seronegative spondylitis was not considered as the patient has acute presentation,there was no evidence of sacroilitis or enthesitis clinically as well as radiologically.The XR’s were done at bedside in MICU and we regret proper positioning and some artifacts.We took Orthopaedics and Rheumatology consults also to rule out spondyloarthropathy. Pains were due to myalgias and arthalgia and not due to arthritis.Other criteria observed in this patient are not seen in spondyloarthropathy. 1.By the term Transaminitis ,we mean presence of raised transaminases in blood. 2.Done 3.Done 4.Done
Minor REVISION comments	No	
Optional/General comments		