



SDI Review Form 1.6

Journal Name:	Asian Journal of Pediatric Research
Manuscript Number:	Ms_AJPR_42229
Title of the Manuscript:	RUPTURED NEONATAL SUBGALEAL HEMORRHAGE: CHALLENGES OF MANAGEMENT FROM A RESOURCE LIMITED SETTING
Type of the 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 authors should clearly state in the introduction that the literature on management of “neonatal subgaleal hematomas” (48 articles identified through a PubMed) is relatively rich, nonetheless this case report focuses on describing management challenges in a low-resource setting. - The section regarding the description of the case is way too long and require to be shortened. - The author should remove from the manuscript any identifiable information regarding the patient and the hospital where this case of subgaleal hemorrhage was treated. Those information should be reserved to the section regarding authors' affiliation and the section regarding patient/next-of-kin consent for publication of identifiable images. - The discussion should be enriched with more details regarding: role of minor head injuries, coagulative state and blood dyscrasia (Kuban K, Winston K, Bresnan M. Childhood subgaleal hematoma following minor head trauma. Am J Dis Child. 1983;137(7):637-40) role of topical adjuvant hemostatics (Graziano F, et al. Autologous fibrin sealant (Vivostat®) in the neurosurgical practice: Part I: Intracranial surgical procedure. Surg Neurol Int. 2015;6:77) risk of neonatal osteomyelitis/meningitis (Ganau M, et al. Ring-enhancing lesions in neonatal meningitis: an analysis of neuroradiology pitfalls through exemplificative cases and a review of the literature. Quant Imaging Med Surg. 2018; 8(3):333-341) comments on the risks and benefits of anticoagulant to prevent thrombosis in patients with active bleeding (Chibbaro S, et al. Evolution of Prophylaxis Protocols for Venous Thromboembolism in Neurosurgery: Results from a Prospective Comparative Study on Low-Molecular-Weight Heparin, Elastic Stockings, and Intermittent Pneumatic Compression Devices. World Neurosurg. 2018 Jan;109:e510-e516) - The authors conclude stating: “We advise that babies delivered through vaccum or attempted vaccum be observed for at least 24hours following delivery, so that such complications are looked for and identified early and promptly managed to avoid such complications” however no references support this position, nor such a strong conclusion can be justified by a single case, especially when the author bluntly state that this was the first time that vacuum delivery yielded this type of complication. It would be more sensible to simply state that “following a reflection on the case the local protocol for management of newborns following vacuum delivery was modified and a 24hours observation routinely considered and implemented in those situations”	- - This has been added to the section on introduction as suggested by the reviewer - An attempt has been made to shorten the case report - The author has removed from the manuscript any identifiable information regarding the patient and the hospital where the case of subgaleal haemorrhage was managed - The section on discussion was enriched as highlighted in yellow though some were not added as this is a case report describing how we managed this patient in a resource limited setting such as ours - The conclusion has been appropriately adjusted
Minor REVISION comments	- The author should remove factual statements such as “We have never recorded a case of ruptured subgaleal hemorrhage prior the case reported here” or “We also discourage local home remedies, such as warm compresses or massages over the area of swelling so as to prevent tissue damage and subsequent rupture” from the introduction. - The spelling of “vaccum” delivery is wrong throughout the manuscript, please amend.	- This has been addressed



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	- The reference list is not homogeneous and the titles of some references are not even reported.	
<u>Optional/General</u> comments	- This case reports require a major restructuring, my advice would be to re-write it properly according to CARE guidelines. It can be reconsidered for publication should the points highlighted above be properly addressed by the authors.	