



SDI Review Form 1.6

Journal Name:	Asian Journal of Research in Dermatological Science
Manuscript Number:	Ms_AJRDES_42160
Title of the Manuscript:	The Treatment of chronic recurrent urticaria with Fexofenadine and Hydroxyzine Hcl in Libyan patients.
Type of the Article	Original research 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>)

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 language must be corrected. The Urticaria Activity Score should be moved to the methods while now it is in the discussion session. The pruritus is not assessed in this score but the AA underline that this symptom is very distressing for the patients. The results should be statistically evaluated. The lab test should be included in the methods and their result reported in a table in the result session. In the discussion the AA repeat what they have already written about the pharmacology of the two drugs .	The language is improved just as we known The urticaria score is moved to the methods The Intensity of pruritus is estimated every visit from the patients history and satisfactory of patients complains only. The results were evaluated in the Figure 4. The Lab test is corrected and now is included in the method, only routine investigations were done (In our present work we are selected those patients who have had normal standard routine investigations according to chronic idiopathic urticaria) Yes I was deleted these citations.
Minor REVISION comments	Table 4A and 4B express the same results and should be unified. The graphics are unusual and may be improved.	Yes I was deleted, and the graphics I tried to improve all. Please see the revised manuscript.
Optional/General comments	The AA used the terminology of Chronic recurrent urticaria and chronic idiopathic urticaria as equivalent I suggest the Chronic Idiopathic Urticaria should be chosen. The AA do not comment the high incidence of side effects (sleepiness in 29% of the patients). It is also important to stress that the recent European and American guidelines state that for a better control of symptoms the doctors have to increase the dosage of the antihistaminic drug used and not add a second antihistaminic drug. They also say that the sedating antihistaminic drugs should be avoided. The AA must comment why they did not follow these recommendations.	Yes this is my mastic it is corrected in whole manuscript to chronic idiopathic urticaria The side effect it shown only on the Fig: 5 In previously our two studies Were used Levocetirizine In high doses and other study we tried with Desloratadine In high doses according to European guideline. Now out trial on non-sedating antihistamine per day time and sedating antihistamine at bedtime. Also we can't use sedating antihistamines in high doses because their adverse effects are significantly.