



SDI Review Form 1.6

Journal Name:	International STD Research & Reviews
Manuscript Number:	2014_I-SRR_15371
Title of the Manuscript:	Viral skin infections in adult patients with HIV/AIDS in a tropical rural practice in Nigeria.
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>)



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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 abstract should be novel, not a compilation of parts of the body of the paper. Although the aim of the study is clear there are some textual issues that require clarification: Line 9: Is Nigeria not in West Africa? Line 17 (and 65): why were patients without skin complaints "generally excluded"? Not always? When not? Line 18 (and 74): what is the difference between old and repeat visits? Line 19: too many times "various". Figure 1: there is no legend, and there is also no label on the Y-axis. Line 90: delete "however". Line 92-93: what is exactly meant by "it however still reflects the largest percentage of the cutaneous pathology seen in both studies"? Line 97: Mortality: how many patients died from skin complaints? Line 180: change into "of patients in which mollusum contagiosum was found ...". Are any of the patients treated with antiretroviral therapy? If yes, indicate how many. If not, please explain. Maybe adding table with comparative studies would be a good idea. Listed should then be year of study, location, and major findings (prevalence of skin problems and prevalence of specific diseases).	1. THE ABSTRACT is a structured one and the various components of the article need to be represented. 2. Line 9 - Nigeria is in West Africa but it is not the only country there. Other countries from West Africa include Togo, Republic of Benin, Ghana, Cote-d'ivoire etc. 3. Line 17 (and 65) – The word 'generally' has been expunged from the revised manuscript. 4. Line 18 (and 74) – old patients are previously registered ones returning for a repeat scheduled follow up visit appointment while new patients are coming for the first time. These corrections are now reflected in the revised manuscript. 5. Line 19 - 'various' has been deleted. 6. Figure 1 – A legend and title has been provided on the Y – axis. 7. Line 90 - 'however' has been deleted. 8. Line 92-93 – the statement means that viral skin infections occurred with the highest frequency in both studies. 9. Line 97 – No patients died in this study and the whole statement has been revised in the corrected manuscript. 10. Line 180 – correction effected as stated. 11. YES there are patients on antiretroviral therapy. All patients whose CD4 count is below 350cell/ul qualify for ART and they are



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		commenced on them after completing baseline investigations and adherence counselling sessions.
<u>Minor</u> REVISION comments	Herpes zoster and other names should be spelled consistently <u>without caps</u> throughout the manuscript. Spelling out of abbreviations at first use is good, but please do not spell them out again, but use the abbreviation! E.g. line 109: suddenly HIV is spelled out, line 135/142 HPV is spelled out twice.	1. Observations noted and the corrections have been effected in the revised manuscript. 2. Line 109,135,142 – all corrections are in the revised manuscript.
<u>Optional/General</u> comments	Interesting research that will be valuable for care in developing countries. However, English usage should be checked and improved throughout the manuscript.	