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Journal Name:	International Journal of Biochemistry Research & Review
Manuscript Number:	Ms_IJBCRR_27595
Title of the Manuscript:	“STUDY OF SERUM MYELOPEROXIDASE ACTIVITY AND MALONDIALDEHYDE LEVELS IN PREECLAMPSIA”
Type of the Article	Original Research Article

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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.

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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	Ms_IJBCRR_27595 "Study of serum myeloperoxidase activity and malondialdehyde levels in preeclampsia" The authors confirm the results of prior studies that serum myeloperoxidase (MPO) and malondialdehyde levels can be used to document oxidative stress in women with preeclampsia. The authors state that MPO is a leukocyte derived enzyme, and they have collected blood samples from all participants in the study. The study would have been unique if leukocyte MPO levels could have been determined. The rationale for reporting serum levels in the study therefore ought to be specified. The points that are not clear in the manuscript were: • Could the aim of the study be rewritten in a concise, succinct manner? Not a whole paragraph but depicted in a few sentences? • Why were the controls age-matched with the preeclampsia group and not gestationally age-matched individuals at the time of delivery? • The concluding statement of the manuscript states that both treated and untreated preeclamptic women constituted the case group. The total number of cases	We accept your comments and we have made corrections accordingly in the revised manuscript. Literature search shows that serum MPO reflects the activated leukocyte MPO levels, and also the estimation of serum MPO is more convenient and practical. Hence we have estimated serum MPO level. (Reference no. 10) As per your advice, aim of the study has been rewritten in the revised manuscript Cases and controls were both age and gestationally age matched, we have made the changes in the revised article Among 50 cases, 86 % (n=43) were treated with anti- hypertensives and remaining cases were untreated before the collection of blood sample.



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	studied were 50 but it is not elaborated how many of the patients were in the treated group prior to blood sample collection. • Did the data differ between the treated and untreated preeclampsia groups? • The authors also stated that women in preeclampsia and control groups were excluded due to antioxidant supplementation, but did not mention how many of these women were excluded. • Women at 34 weeks of gestation are not considered as normal. Hence, it perhaps would be better if the control subjects are referred to as women with early deliveries at 34 ± 2 weeks but without any evidence of pregnancy complications or infection. <u>Methods</u> • What is the amount of blood that was collected? • Were the serum samples frozen prior to analysis, or were processed and analyzed daily after ___ min/hour of blood collection? • Why is the specification of the spectrophotometer omitted? • The sensitivity of the MPO assay needs to be given, i.e., from their standard curve, the least amount of MPO that could be detected by the method used should be	The data didn't differ significantly between the treated and untreated preeclampsia groups. Similar findings were observed by Zhang et al (reference No. 14) who have studied MPO in coronary artery disease which share similar pathogenesis as PE (Reference No. 4) Antioxidant supplementation was an exclusion criteria in our study As per your suggestion we have replaced "normal pregnant woman" as uncomplicated, normotensive pregnant woman of more than 20 weeks of gestation(controls) 5 ml of venous blood sample was collected The samples were analysed on the day of blood collection (included in the revised manuscript) Specifications of spectrophotometer is included in the revised manuscript 10U/L
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	mentioned. • Additionally the inter and intra assay variations of the two methods should be given. <u>Discussion</u> That MPO level remain unchanged in women with preeclampsia is also reported and it could be included in the discussion. Whether plasma MPO or MDA levels detected by other studies differ in any way from their values could be added. <u>Conclusion</u> What is unique about the study needs to be emphasized. (There are many points in which the women in the region of ____ in India differ from that of other developed nations (state those points). Yet the data confirms that oxidative stress encountered by women with preeclampsia is comparable to the rest of the world)	10% and 8% respectively Majority of the articles show increased MPO and MDA levels in preeclampsia. In our search we found few article reported no change in MPO/MDA levels among the study groups. (Reference No. 12, 13, 19,20) To the best of our knowledge, very few researchers have studied MPO in south Indian women. This study, so far is one of the very few studies, to determine MPO activity in a representative sample of south Indian women with preeclampsia.
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		