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Journal Name:	**International Journal of Biochemistry Research & Review**
Manuscript Number:	**Ms_IJBCRR_35257**
Title of the Manuscript:	**Hepatic lipase influences plasma lipid profiles and lipoprotein ratios in Lagos University Teaching Hospital patients with Ischemic stroke**
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:

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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 are interested in a subject that has long been of concern but I recommend a preliminary revision of the article. You will find attached my remarks** **- Introduction** *** It is not necessary to talk and re-talk about the prevalence and pathophysiology of ischemia.** *** The main target of this study is hepatic lipase. The main target of this study is hepatic lipase. This is not sufficiently emphasized in the introduction. The authors should give more attention to this activity, notably by recalling its relationship with the quality of lipoproteins and explain the impact that its modification may have on the risk of atherosclerosis** **- * Line 13: epidemiological studies have …….(4) is a risk (are a risk factors)…..** **- Line 21-line 26 : The contents of these lines are not closely related to the purpose of the paper. So, they can be suppressed to alleviate the introduction** **ResultsIn table 4: write VLDL-C instead of VLDL** **- Table 3: Atherogenic coefficient (AC) = (TC-HDL-C) / HDL-C) is a ratio. The use of a unit is thus unsuitable)** **In the legend of this table, instead of AC,**	Listing the risk factors for stroke is very important in this study, that's why it was mentioned in the introduction. It has been affected. Thanks

	atherogenic index; It was necessary to write AC, atherogenic coefficient (to remain in conformity with what is written in chapter 2.4) **Discussion** **- Other studies that support the findings obtained in our study are: [63-66] (The word is to be deleted)** **- The dyslipidemia obtained in the stroke subjects maybe as a result of lower activity of hepatic lipase in the stroke subjects, since the enzyme helps in lipid metabolism. This conclusion is restrictive. Indeed, in addition to their reduced HL, the affected subjects have other properties favorable to dyslipidemia such as excess weight.** **- It would have been interesting to compare the characteristics of lipoproteins, in particular HDL [due to their relationship with HL and to the overwhelming importance of lipoproteins quality in the determination of atherogenic risk (relative to quantity)]** **- Taking into account the topic covered by this article, the determination of TG content of different lipoproteins, particularly of HDL, would have been useful.** **- In several times the authors confuse the class of lipoproteins and its content in one of its constituents as is the case in "The potential antiatherogenic properties of HDL-C. HDL-C has been shown to promote fibrinolysis [72], inhibits Ca2+, and induces procoagulant activity on the**	

	erythrocyte membranes [73]. Anti-oxidative property of HDL-C could be as a result of cardio-protective mechanism [74]". (HDL-C has to be replaced by HDL-C) **- The authors write "Other biochemical parameters like: SBP, DBP, Non-HDL-C, AC, TC/HDL-C, TG/HDL-C, LDL/HDL-C and AIP levels increased significantly (P<0.0001) with aging. In fact, SBP and DBP are not biochemical parameters** **- I think it would have been useful to apply the Logistic Regression Model (for the prediction of ischemic stroke) in each age group** **- - The authors do not explain the absence of correlation between HL and TG in patients. Would there be any other factors which, independently, affect the TGs?** **- - The authors do not explain the absence of correlation between HL and TG in patients. Would there be any other factors which, independently, affect the TGs?** **- The results of this study show that the HL study does not improve the detection of the risk of Ischemic stroke. Do the authors see any other interest for this activity?**	Thanks, I don't think is necessary.

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Minor REVISION comments		
Optional/General comments		