



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2014_IJTDH_15678
Title of the Manuscript:	Ascaris lumbricoides beyond the obstruction
Type of the Article	CASE REPORT

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)
<u>Compulsory</u> REVISION comments	1. Title needs to be reviewed to read: <i>Ascaris lumbricoides</i> beyond intestinal obstruction.	Title was modified.
<u>Minor</u> REVISION comments	1. Write <i>Ascaris lumbricoides</i> as two separate words i.e generic and species names throughout manuscript. 2. Clarify contents in lines 12, 16, 45-46, 92-93. 3. Contents in line 43 appear to contradict contents in line 47. Was the patient single or married? 4. Line 48-49 why the interest in keeping a dog?? 5. Clarify the meaning of "Admition laboratory" in line 58. 6. Line 97: why treatment with ivermectin when drugs of choice for human ascariasis are available?? 7. Line 139: <i>Ascaris suum</i> is NOT known to infect humans. Could it have been mis-identification? 8. Lines 133 and 141: cite references appropriately. 9. Line 148: what is ST elevation?	1. As suggested, the <i>Ascaris lumbricoides</i> has been corrected throughout the manuscript 2. Lines 12, 16, 43-45, 92-93 were rewritten; 3. The patient was married as indicated in line 46. But, in the past, he was sexually promiscuous. 4. It was decided to keep the information about the dog because it belongs to environmental epidemiological history of the patient. Considering a case of eosinophilia, <i>Toxocara canis</i> infestation should be ruled out especially in those with environmental exposure do dogs. 5. Changed to "The initial laboratory evaluation". 6. Although albendazole and mebendazole are the drugs of choice for treatment of <i>Ascaris</i> infections, ivermectin provides a safe and a highly effective single dose treatment for <i>S. stercoralis</i> and <i>A. lumbricoides</i>. 7. I believe <i>Ascaris lumbricoides</i> and <i>A. suum</i> are the same species supported by



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		studies showing both low morphological and low genetic divergence at several genes. 8. Corrected references “et al.” 9. Line 148 was rewritten to "Myocardial infarction with ST-segment elevation". Acute myocardial infarction resulting from an occlusive thrombus is recognized on an electrocardiogram by ST-segment elevation.
<u>Optional/General</u> comments	1. Why was stool analysis the only technique repeated several times in the study? 2. The clinical features described relating to the heart condition appears consistent with Chagas disease and NOT ascariasis! 3. A variety of tests to rule out Chagas disease completely would have enriched the findings.	1. The standard method for diagnosing ascariasis is by identifying Ascaris eggs in a stool sample using a microscope. Serodiagnostic assays were not available for testing. 2. Using serum, the diagnostic indices for the standardized haemagglutination technique for Chagas are above 90% in Sensitivity/Specificity, with positive and negative predictive values also above 90%. Although the patient had a compatible echocardiographic assessment, the negative result in Hemagglutination for Chagas disease made the diagnosis less likely. 3. Discussion above.