



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_22387
Title of the Manuscript:	Clinical spectrum of severe Plasmodium falciparum malaria in a tertiary care centre of eastern India.
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>)



SDI Review Form 1.6

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	In the result section, authors have mentioned that there were about 194 patients with single complication. It would be interesting to mention the types of single complication available, there frequency and affect on mortality in comparison to multiple complications in a single table. Table 1 and 2 required to be merged and can be represented in landscape (if there will be no space in portrait) Line 126: SMA was highest in patients >55 years Line 129: CM was highest in patients >55 years Line 127: ARF was common in patients > 36 years (we can say older age group) This suggests that older age groups have been affected with more severe forms of complication because in line 145-146, it is mentioned that CM and ARF were the major cause of death. The death % also greater in older age group (10%). However, in endemic area like Odisha, the older age group should develop partial immunity against malaria and should be protected as the incidence of severe malaria is pretty high in young adults (15-25 years). This section needs justified explanation. Line 144-145: means to "majority of death was in patients of 15-25 age group." This seems unlikely because there were more patients from this group (N =	1. As per the reviewer's suggestion, we have corrected the sentence as 'In this study, the severe malaria has been defined by presence of single complication in 194 patients (ARF in 51 (26.3%) cases, CM in 43 (22.2%) cases, hepatic dysfunction in 13 (6.7%) cases, hypoglycemia in 8 (4.1%) cases, jaundice in 26 (13.4%) cases, RD in 31 (16.0%) cases, SMA in 14 (7.2%) cases and thrombocytopenia in 8 (4.1%) cases) 2. In the result section we have rewritten as "The mortality in patients with multiple complications was significantly high compared to patients with single complication (Odd Ratio, 3.55; CI [1.321-9.564]; p, 0.0084)." 3. In table-1 we have mentioned only the haematological data. In table-2 and 3 we have explained the incidence of demographic, clinical features and related death in age wise distribution. So, we have merged table-2 and table-3 as table-2 for better presentation. 4. From all the above discussion, the incidence of SMA, CM and death was high in patients with > 55 years of age. This



SDI Review Form 1.6

	151) and frequency should not be calculated from total death. It should be corrected accordingly. Why were more males affected than females, needs to be explained. Line 209-210: why such difference in incidence of RD between yours and others with respect to gender? The authors have mentioned that ARF is more frequent. However, ARF can also be caused by <i>P. malariae</i> and that its prevalence in Odisha is high (Dhangadamajhi et al.,). Since, <i>malariae</i> and <i>falciparum</i> are indistinguishable by microscopy and that the PCR diagnosis of malaria in the present study does not involve <i>malariae</i> identification, such hike in ARF could also be due to <i>malariae</i>. Define this.	data is opposite to the hypothesis that in endemic area, the older age group developed partial immunity against malaria and got protection from severe disease. This might be due to the reduced immune protection in older age or different immune responses that are related to age may be responsible for the different outcomes [8]. 5. Line 144-145. We have calculated the death from total number of patients in the groups. For example, 12 patients had died out of 151 in the 15-25 age group. So we have calculated as $12/151 \times 100 = 7.9\%$ 6. It is not obvious that males were more prone to infection. First, the present study is based on patients admitted to the tertiary care hospital. It is possible that some female patients were unable to reach our hospital due to logistic or socio-economic reasons. Second, as in an Indian family male is holding the economic status of the family, any health problem in males was given prior attention. Third, the exposure of males to the mosquitoes bites is more compared to females. 7. Line 209-210: Here we have compared the incidence of RD with respect to gender with the eHealthMe study from FDA. Though we have found an increased trend in females, it was insignificant. We have deleted the sentence from the revised manuscript.
--	---	--



SDI Review Form 1.6

		8. We have modified the ARF part in the discussion as “It has been reported that ARF may be caused due to infection with <i>P. Malariae</i>. The presence of <i>P. malariae</i> in patients with ARF in our study population may not be ruled out as the prevalence of this species is high in Odisha [Dhangadamajhi et al.,].
<u>Minor</u> REVISION comments	Abstract: in first line it should be ‘one of the major’ instead of ‘the major’ <u>(ARF)</u> as should be (ARF) was Line 59: three times of normal, <u>what is this value?</u> <u>(mention)</u> Line 107: CBC should be expanded Line 132-135 requires modification.	As per the reviewer’s comments and suggestions, we have modified the manuscript.
<u>Optional/General</u> comments		