



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_22447
Title of the Manuscript:	Childhood Cerebral Malaria in Nigeria: Clinical Features, Treatment and Outcome
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.

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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	This MS presents a retrospective description of case file revision of cerebral malaria in children, a major cause of death in Africa. It has some merit in the work presented if authors agree to some modifications/corrections. This study uses clinical histories of human subjects. The authors state that “the study protocols were in accordance with the ethical standards....”; however, who gave consent to peruse clinical files? Were the patients informed and aware and did they agree or consent to such disclosure or study? Did they sign a written consent form? Did they consent publication? If ethics is not required for this study then it should be stated and a rationale provided. In the methodology, were the blood films stained? What method? Parasite densities were estimated and reported by + initially; was there repeats of the thick blood smear to confirm efficacy of treatment in different days after treatment initiation? I believe that characterization of participants should be summarized and presented in a Table. Also, patients and corresponding symptoms should be presented in an additional Table for better comparison of cases and symptoms. Twenty four patients were identified with CM; however, only 20 are presented. What happened to the other 4 cases? Of the 20 cases, 12 had CM, 5 had meningitis and 3 septicemia and other forms of severe malaria. Therefore, only 12 patients did have CM (??) Please explain. Did	In a retrospective study, individual consent is not required, provided the article be free of any personally identifiable information. The Ethical Committee of Ladoke Akintola University of Technology (LAUTECH) Teaching Hospital, Osogbo is vested with authority to give approval to any Research study involving human subject(s) or records and its publication. The Ethical Committee approved this study. The statement has been reframed. Giemsa stain stained the blood films. A thick blood smear was repeated for the patients, in particular for the patients who did not respond as expected. That was what necessitated antimalarial changes reported in the manuscript. Additional Tables have been added to take care of your suggestions The four patients were excluded because they did not fulfill inclusion criteria (WHO criteria for diagnosing cerebral malaria) Diagnosis of cerebral malaria is a diagnosis of exclusion. Therefore, there would need to exclude other diagnoses before a final



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	the patients have meningitis and malaria? Was fever quantified? The different treatments for individual patients merit a separate Table if one wants to fulfil the purpose of the study: ...outcome may serve as a guide to effectively manage cerebral malaria...(sic). Of course, all those new Tables mean more work for the authors, but more value for the MS. In other words, the authors need to better organize their presentation of results. I think the lack of a repeated malaria smear during time in hospital or before release warrants some explanation. The ensuing Discussion should be modified to accommodate for the new better organized results in new Tables. The purpose or objective of the study should be included in the Conclusions.	diagnosis of cerebral malaria made. These diagnoses (CM, septicemia and meningitis) are initial clinical diagnoses (differentials) made. After clinical and laboratory evaluations, the final diagnosis of all the 20 patients was cerebral malaria, hence their inclusion in the study. The fever was quantified. The new Tables have taken care of these suggestions. Also, the presentation of the results has been re-organized As we stated above, malaria smear was repeated for the patients. The study is a retrospective, a form of clinical auditing, not a prospective study. We can only report what we found that were done for the patients and make suggestions for improvement. The discussion has been modified. The conclusion has also been amended accordingly.
<u>Minor</u> REVISION		
<u>Optional/General</u> comments		