



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.

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 <i>(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)</i>
<u>Compulsory</u> REVISION comments	Text needs extensive language editing. The conclusion section does not present the main finding of this study and, therefore, needs to be rewrote.	The text language has been edited extensively The conclusion has been re-written to present the findings of the study
<u>Minor</u> REVISION comments	Line 21: Citation no. 7 does not correlate to aspect mentioned in text. Place legend on table 2 with explanation for term "Nil". Same for table 4 for terms "I.V, IV, and IM". Table 3 should be reformatted, with observed parameter kept in row, whereas controlled parameter stays in column. Besides, number of decimal cases must be standardized (also applies for table 4). Correct parenthesis. All other data presented as cursive text could fit into tables. Use italics for all scientific names. Provide rationale to support the statement: "The prevalence of CM may depend on ... and, also, the type and design of the study". The statement: "CM is more common in well-nourished than mal-nourished, especially underweight children" (lines 220-221) seems somehow contradictory.	Reference 7 cited in Line 21 in the introduction section, I believe it correlates to the aspect mentioned and as an introductory remark, even though it relates to adults, who lack immunity to severe malaria as children. It emphasizes the role malaria immunity play in severe <u>malaria</u> . Other researchers who did work on severe malaria made the same remark. Legend has been placed on all the Tables with explanatory notes. Table 3 now Table 5 has been reformatted and necessary corrections made in all the Tables New Tables have been added to accommodate data presented as cursive text and the cursive text deleted. Italics are used for scientific names. The rationale has been provided to support the statement: "The prevalence of CM may depend on ... and, also, the type and design of the study".



SDI Review Form 1.6

		The statement: "CM is more prevalent in well-nourished than malnourished, especially underweight children" (lines 220-221) is not contradictory rather it is a statement of fact. The prevalence of cerebral malaria is higher among children having normal nutritional status than underweight children. However, the outcome or prognosis of cerebral malaria is worse in the undernourished
<u>Optional/General</u> comments		