



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_28031
Title of the Manuscript:	Cholecystitis – mode of first presentation of sickle cell anemia in an adult Nigerian: a case report.
Type of the Article	Case study

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)
Compulsory REVISION comments	1. White cell count of $4.5 \times 10^9/L$ is rather low in view of the. Is there any reason acute infection for the leukopenia? Maybe hypersplenism? But the platelet count was normal. One would expect a low platelet count if hypersplenism was the reason for leukopenia. Please explain the cause of leukopenia. It would be helpful to see if she has had leukopenia prior to the onset of cholecystitis. 2. Page 3, Line 83, Her fetal hemoglobin was not elevated, and this degree of Hb F hardly modifies her clinical presentation of sickle cell disease. Authors do not mention other modifying factors such as presence of alpha thalassemia. 3. The uniqueness of this case lies in the fact that the diagnosis of sickle cell disease has not been made until she was 24 years of age, not cholecystitis, and thus I would suggest to change the title of the article to something like "Late diagnosis of homozygous sickle cell disease at age 24 due to development of acute symptomatic cholecystitis" The author should read the article written by Brazilian authors, "Zanette AM, Gonçalves Mde S, Bahia RC, Nogueira LV, Arruda SM. Sickle cell anemia: delayed	1. White cell count of $4.5 \times 10^9/L$ is within the reference range even though they usually have high white cell count. Hypersplenism must not not affect all the three cell lines simultaneously, 2 cell lines can be affected. 2. Fetal haemoglobin was elevated though not so high. HaemoglobinA2 was not elevated and haemoglobin H was not detected. 3. Cholecystitis is the mode of presentation instead of VOC and/or symptomatic anaemia. It is possible that some of the patients with cholecystitis are actually sickle cell anaemia patients so high index of suspicion is required.



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	diagnosis in Bahia, Brazil--a largely Afro-descendant population. Ethn Dis. 2011 Spring;21(2):243-7. This article describes late or delayed diagnosis of sickle cell disease. Of the 99 patients they investigated, 58 patients had a mean age of diagnosis of 20.4 years. Thus in a region where there is no newborn screening, one would expect that a patient described here may not be unusual.	
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments	The case is interesting regarding the late diagnosis, but it may not be very unusual in a country where there is no newborn screening for hemoglobinopathy.	