



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_32787
Title of the Manuscript:	GENITAL MORBIDITY IN WOMEN OF REPRODUCTIVE AGE SUFFERING FROM UROGENITAL SCHISTOSOMIASIS IN KWALE COUNTY, KENYA.
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>)



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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	General comments: Its an interesting paper and definitely a disease that needs awareness. English is not my native language, therefore not able to assess the language, highly recommend to send it for English editing. You are using several terms throughout your paper (FGS, UGS and schistosomiasis, schistosoma), this may cause some confusion, if you want to use all of these terms, you need to be careful and use it where it belongs. For example, your abstract starts with FGS, giving an idea that the paper is only about FGS, then in your aim you use a broader term: schistosomiasis, then in your method you use urine schistosomiasis (presence of eggs, which is a sign of urine involvement) to determine a positive or a negative diagnosis. Then again in your results you conclude with UGS. Perhaps just use UGS throughout the paper. Then you are covering both the genital and urinary involvement of S. haematobium infection. You can still focus on genital involvement of the disease. However, if you want to use all these terms, you need to structure and describe it better and make it clearer for the reader. The introduction needs to be neatened up quite a bit, you need to have a nice flow: epidemiology, disease description, morbidity,... why this is a burning issue, aim, how your results may help the community, health care workers etc....	Consistency of terms has been addressed



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	You should describe the genital lesions (sandy patches) seen S. haematobium infections. You need to describe it either in your introduction or your methods under the gynaecological examination. ETHICAL CONSIDERATION is missing in this paper !!!, you need to include the permissions that was granted for you to conduct this study. You need to include how you obtained consent from the participants and how you stored the data. Were they given an ID number? Abstract: 1. It would be nice if you can include the N of the study and age group. 2. Line 22, S. haematobium prevalence, is it based on one urine sample?, it would be nice if you clarify that. Introduction: 3. Line 37: missing a reference 4. Line 39: missing a reference 5. Line 40 - 44, you need to rephrase and make it clear and prepare your reader for what this paper is about (look at the general comments above). 6. Last paragraphs should include your aim and how this will contribute. Method: 7. Could you clarify what is a positive S. haematobium diagnosis? Presence of egg? Presence of eggs and/or genital involvement? Or presence of eggs and/or urine analysis (protein, haematuria)? 8. Gynea examination: you need to describe what pathological changes you are referring to, for example: sandy patches, tumours, ulcers, HSIL. 9. Please specify whether a colposcope was used, or what	Ethical consideration has been included Only one urine sample was used Positive S.haematobium diagnosis was presence of eggs and/or urine analysis (haematuria and proteinuria) Correction done
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	source of light was used to inspect the cervix. 10. How did you capture the data? Did you write it down on paper or computer? 11. What did you do (treatment/referred to another hospital) with those who had tumor like lesions? Ulcers?, contact bleeding? Results: 12. What is the S. haematobium prevalence in your study population, you need to clarify if it is based on urine, genital, urinalysis or combined. How many belonged to the control group? You could make a flow chart. 13. Line 135 – 147, this paragraph should be rewritten. You should start your results section with your descriptive results (prevalence, mean age, age distribution, districts, work and other characteristics of your population.) then go on to associations. I find it all to be very mixed up. 14. You should move your Table 1 right under the descriptive part and refer to the table in your text (For example: In Table 1 we show....). 15. In Table 1 and Table 2, include your n and your percentage should be inside the brackets, for example xx/196 (xx.x). Discussion: 1. There are some repetitions, and you need to neaten it up. You have not mentioned any LIMITATIONS. There are quite a few limitations, for example not having a colposcope, good source of light, difficult to diagnose sandy patches as they can be found anywhere in the genital tract (upper genital tract), hidden in fornices, hidden in vaginal folds, located within the submucosa. Only one urine sample was collected, so you need to discuss this.	Treatment was provided and those who had tumor- like lesions were referred to the next level hospital. As indicated above – prevalence was 23%
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Minor REVISION comments	Abstract 1. Keyword: you could add more: sandy patch, genital morbidity... Introduction: 1. Line 36: 112 million people are though to be infected and not 110. 2. Line 50 – 52, if you refer the several studies, then you need to refer to those studies references. Furthermore, if you look at Kjetland review paper from 2012, you can see there it is mentioned that eggs can be equally distributed throughout the pelvic organ. Perhaps look into the newest and the best studies? Methods: 1. Can you include the S. haematobium prevalence in the study area with a reference, please? Results: 1. You could include the mean age in your study population. 2. Line 171: On the tumor like lesions, did you do VIA, VILI, what changes did you see after applying VIA/lugol? 3. Line 173, either in your methods or results, you need clarify what was a positive/ negative S. haematobium diagnosis. Was it based on urine microscopy? urinalysis? Combined? Discussion: 1. Line 187, it should be fresh water, not flesh 2. Line 213, shouldn't it be latter villagers ? 3. Line 229 – 230, isn't this a repetition?	VIA/VILI was done. Results not included in this paper because its beyond it scope
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		Correction done as shown on ms
<u>Optional/General</u> comments	Introduction: 1. Line 60 – 68, do you need to use all these numbers? Perhaps just write a summery without numbers? Results: 1. It would be interesting to know if those who come from villages with high S.haematobium infection, if they had more sandy patches. Or those who worked as fishmongers ? You could make a nice table.	