



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_34925
Title of the Manuscript:	VASCULAR TUMOURS AT FEDERAL MEDICAL CENTER MAKURDI AND BENUE STATE UNIVERSITY TEACHING HOSPITAL
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	This is a report describing the prevalence and different pathologic diagnoses of vascular tumours at the Federal Medical Centre and Benue State University Teaching Hospital. There are two glaring deficiencies in this article. First, in discussing vascular tumours, a subtype of soft tissue sarcomas, the WHO classification of Tumours of Soft Tissue and Bone is the preferred classification. There are similarities with the ISSVA, however, the WHO should, also, be mentioned. Second, in a paper about different vascular pathologic diagnoses, there is no discussion what so ever of the criteria that differentiate these entities. No description of morphology, no IHC etc... On pathology it is sometimes difficult to differentiate these entities for example epithelioid hemangioendothelioma and a low grade angiosarcoma. Are there pathologic diagnoses accurate? How are we to know this without at least a description.	Accepted. WHO classification has been added. Accepted. The differentiation in terms of clinical features and HPE have been added To a large extent, our pathological diagnoses were accurate.
<u>Minor</u> REVISION comments	Additionally, I would take issue with the vascular tumour definition of benign, borderline or malignant. There is a large difference in an aggressive angiosarcoma, and epithelioid hemangioendothelioma that takes 10 years to progressive. Or Kaposi's sarcoma that in patients with HIV can be every aggressive. I would also differentiate between cutaneous angiosarcomas and visceral angiosarcomas that have a different natural history. Finally, I would be more specific in my references rather than just "other authors.	Accepted and WHO description added. Accepted and done. Accepted and corrected.
<u>Optional/General</u> comments	Check Grammar Separate out table 1.	Accepted and corrected. Accepted and done.