



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_38818
Title of the Manuscript:	Clinical profile and outcome of paediatric severe malaria in a North-Eastern Nigerian tertiary 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)
Compulsory REVISION comments	The aim seems very vague: To examine the clinical manifestations and outcome of severe malaria among children admitted into the Federal Medical Centre Azare, Nigeria. The article is about a cause and effect relationship. It may be changed to: clinical outcome of severe malaria. That would explain everything. The article has no novelty but this is about a very common and important disease. This cannot be ignored. Few things however look very anecdotal as dehydration is not elaborated further. How was dehydration diagnosed and how was it concluded that untreated dehydration is a risk factor for mortality? Was it scientifically discussed? The type of malaria has not been elaborated and mixed infections have not been explained too? There is no mention of comorbid conditions like HIV and preceding infections. How was this concluded: Prompt identification and management of fluid and electrolyte deficits may significantly reduce mortality in children with severe malaria managed at the Federal Medical Centre, Azare, Nigeria.	Issues raised on identification of dehydration addressed in the methodology. All the subjects had severe falciparum malaria. There were no mixed plasmodial infections. Exclusion of other infectious diseases was done and has been outlined in the methodology.
Minor REVISION comments	Informed consent was obtained verbally from the caregivers. INFORMED CONSENTS MUST BE SIGNED AND NOT VERBAL. The axillary temperatures were measured with a mercury thermometer and recorded. Hypothermia was defined as axillary temperature < 35oC while hyperpyrexia was defined as axillary temperature > 38.5oC. IS AXILLARY TEMPERATURE THE MOST CORRECT METHOD IN FEBRILE ILLNESSES? Relationship with the type of malaria and mixed malaria infections must be correlated too. The WHO definition of severe malaria must be included. Our study has demonstrated that severe malaria is more prevalent among preschool children. NEEDS FURTHER DEFINITIONS AND REFERENCES Coma and dehydration were independently associated with an increased risk of death in this study. This is in keeping with findings from multiple studies. HOW WAS THIS ASCERTAINED WITH SUCH CONFIDENCE? The significant association of dehydration with death here may have stemmed from the cumulative prevalence of diarrhoea and vomiting (8.2%) among our patients and failure to promptly manage fluid and electrolyte deficits. Severe anaemia was not independently associated with an increased risk of death in our study. This may be largely due to the fact that blood transfusions were promptly administered to patients diagnosed with severe malarial anaemia. LOOKS LIKE A FAILT IN THE MANAGEMENT OF THE PATIENT. WHY MANAGEMENT OF DEHYDRATION WAS ERRONEOUS?	Comments noted and effected.
Optional/General comments	It's an interesting study and would be accepted after correcting the deficiencies.	