



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_39181
Title of the Manuscript:	Expanded Dengue Syndrome - A lesson learnt.
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>)

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	NIL	
<u>Minor</u> REVISION comments	1. Patient was admitted with DHF –EDS on 9.11.17 and discharged on 15.11.17. Within one week patient recovered! Justify? Because as per lab report (Table 1) till 14.11.17 patient's Platelet, SGOT, SGPT were not normal. 2. Patient's onset was 5 days back of admission and admitted on 9.11.17, found Dengue IgM negative on 10.11.17. Why second sample was not collected for IgM before discharge the patient as test facility was available?	1.We mean to say that platelets started showing rising trend and transaminitis show settling trend.This is considered as recovering of dengue fever associated inflammation ,though complete recovery can take upto 4-6 weeks.We have mentioned this in case summary :‘He was discharged on 15.11.2017 with platelet count showing rising trend, transaminitis settling towards normal, and in stable condition on levitiracetam, phenytoin sodium and supportive treatment’ (line 76-78). 2.Since his Dengue NS1 was positive ,he has a confirm Primary dengue fever.Dengue IgM was negative as patient came within 5-6 days of his illness.IgM antibody is also considered as evidence of acute phase infection. Detecting IgM after few days or before discharge wouldn't have benefitted our patient in diagnosis or management as it was already confirmed with positive NS1 antigen. We did not do the test again for this reason.
<u>Optional/General</u> comments	Patient was treated very well, after justification article may accept.	Thank you for the comments