



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_39649
Title of the Manuscript:	Multi organ Failure Associated with Epstein-Barr viremia-An elusive diagnosis: A Case series
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>)

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	1. Abstract is well presented. 2. Keywords: Replace "Multi-organ dysfunction" with "Multi-organ Failure" and HHV-6 with HSV-4. 3. Italicize scientific names within text. For e.g, <i>Staphylococcus aureus</i> , <i>Pseudomonas aeruginosa</i> etc. 4. Reframe Title of Table 1 to: "Multi-organ Failure associated with EPV among the cases investigated".	1. Thanks you for your appreciation. 2. Done 3. Done 4. Done
<u>Minor</u> REVISION comments	The study is quite interesting and has some sense of novelty. 1. Legend (Key) under Table 1 is muddled up and doesn't make much sense. Find a better way of representing them and present only those relevant to the investigations. 2. What is Figure 1, 2 and 4 depicting? 3. Reference should be cited in Line 164-167.	1. Done 2. Done 3. Done
<u>Optional/General</u> comments	Findings are not supported with sufficient literatures.	This was the first in our clinical practice when we noticed that even virus and that too EBV could be a pathogenic organism causing multi organ failure. The SES panel cost around INR 30,000 (US\$ 500) and is not routinely done. When SES panel showed evidence of only viremia after case 1 succumbed to her illness, we became more vigilant in case 2 and case 3 who also had multiorgan failure and were not recovering. We treated case 2 timely with antivirals. Otherwise all such patients are being thought of and managed as bacterial sepsis. We could not find much literature on EBV with multi organ failure in immunocompetent cases and not having sHLH. There are lot of cases on HSV/CMV but few case reports on EBV. This is probably first case report on fatal co-existent HHV6 in case 1.