



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_41314
Title of the Manuscript:	AN UNUSUAL CAUSE FOR BOWEL PERFORATION- LEPTOSPIROSIS
Type of the Article	Case report

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)
Compulsory REVISION comments		
Minor REVISION comments	MAT was not mentioned as it is specific test to diagnose leptospirosis although ELISA is more sensitive in acute settings. Negative blood culture and ELISA without MAT is questionable about the diagnosis of Leptospirosis. Indirect evidence such as Full Blood Count, Full blood picture, Liver function test, USG abdomen Urine FEME, urine culture, Chest X-ray, Creatine kinase, Renal profile, coagulation profile, plain X-ray abdomen should be mentioned to convince the case as Leptospirosis. It is necessary to rule out typhoid fever especially when there were multiple perforations as the patient had constipation and diverticulitis if the patient is a European. It could be double infection with typhoid. How would you explain the frank hematuria in Leptospirosis? Fresh blood per rectum than brown colour stool in sigmoid and descending colon perforation.	MAT is not done for routine clinical samples in our Microbiology Laboratory. With negative serology and Blood culture, we were able to rule out typhoid fever and this is an Indian patient. Other Febrile agglutination tests were negative as mentioned in the manuscript. Various studies have demonstrated that 50-70% of the patients with leptospirosis can present with hematuria. Patient would have had some other cause for upper gastrointestinal bleeding to cause brown coloured stool/malena.
Optional/General comments		