



**SDI Review Form 1.6**

Journal Name:	<a href="#">Asian Journal of Pediatric Research</a>
Manuscript Number:	Ms_AJPR_52826
Title of the Manuscript:	Effect of Diethylcarbamazine (DEC) in Relapse cases of Nephrotic Syndrome in Filarial Endemic Region: A case Series
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>)



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**PART 1: Review Comments**

	<b>Reviewer's comment</b>	<b>Author's comment</b> (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)
<b>Compulsory</b> REVISION comments	<p>The authors describe the therapy with diethylcarbamazine (DEC) in the relapses of nephrotic syndrome (NS) caused by filariasis. Major advantage of DEC over levamisole is represented by fewer side effects. Five children with NS, each with various disease course, presented with another relapse brought about by a filarial infection. Addition of DEC to steroids was associated with rapid resolution of edema (within 2-4 days).</p> <p><b>Major comments:</b></p> <p>Abstract needs to be re-written – difficult to follow – syntax issues, as well as the inappropriate use of abbreviations (for instance - Tab.DEC – not defined previously).</p> <p>Introduction is too long, and some parts may be better placed in the discussion section.</p> <p>All patients are described as steroid-sensitive, only one steroid-dependent – can it be possible that steroids would have induced remission of NS anyway? No doubt DEC led to resolution of filariasis, but may not have had any effect on the remission. As levamisole, a steroid-sparing agent, has been used in one child, it is unclear if its use led to remission, as shown in various trials of levamisole in steroid-sensitive NS – see review by Muhling AK et al in J Clin Med 2019, 8, 860.</p> <p>Discussion section contains case summaries – hence it is best placed in the methods section.</p> <p>Figures do not have legends.</p> <p>No mention of permission to use the figures, or acknowledgements as required by Open Access articles.</p> <p>Tables need legends as well, especially to define T. Protein and S. Albumin among others. Also, suggest adding a row with weight (kg), even though the graphs have weights, but no units are mentioned on the graphs.</p> <p><b>Minor comments:</b></p> <p>Avoid unusual abbreviations such as N.S, P.R, Tab.DEC, etc, as well as the use of symbols - "&amp;" instead of "and".</p> <p>Please follow the English syntax and correct the typographical errors</p>	



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	My recommendation is to resubmit it for review after corrections were made	
<b>Minor</b> REVISION comments		
<b>Optional/General</b> comments		

**PART 2:**

	<b>Reviewer's comment</b>	<b>Author's comment</b> (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)
<b>Are there ethical issues in this manuscript?</b>	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

**Reviewer Details:**

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