



**SDI Review Form 1.6**

Journal Name:	<b><u><a href="#">British Journal of Medicine and Medical Research</a></u></b>
Manuscript Number:	<b>Ms_BJMMR_24260</b>
Title of the Manuscript:	<b>Neuro-epidemiology of acute stroke syndrome in the adult emergency department of a tertiary hospital in a resource-limited environment of South-eastern Nigeria</b>
Type of the Article	<b>Original Research Article</b>

**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> <i>(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)</i>
<b>Compulsory</b> REVISION comments	<p>The authors present a retrospective descriptive study of acute stroke in an adult emergency department of a tertiary hospital of South-eastern Nigeria over a five-year period. They find that 74.8% of acute stroke syndromes were ischemic and they occurred predominantly among male, elderly patients, and that hypertension was the most frequent risk factor. The study is potentially interesting but some aspects of the manuscript may be improved taking into account the following points</p> <ol style="list-style-type: none"> <li>1. It would be helpful that authors clearly point out in Patients and methods whether neuroimaging (cerebral CT and/or MRI) was performed to all patients of the study or not.</li> <li>2. It would be interesting to know the frequency of atrial fibrillation in the study sample.</li> <li>3. It would be also interesting to know the subtype of cerebral stroke in "recurrent ischemic strokes" of the sample.</li> <li>4. Could authors classify the cerebral strokes of the sample by etiological subtype: lacunar,</li> </ol>	



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	atherothrombotic, cardioembolic, unusual etiology, essential?	
<b>Minor</b> REVISION comments	<ol style="list-style-type: none"> <li>1. A recently epidemiologic study in Catalonia (Spain) on acute stroke should be added in the Discussion (Rev Esp Cardiol 2007; 60; 573-580). In this study the cumulative incidence of cerebrovascular diseases per 100,000 population was 218 (95% CI, 214-221) in men and 127 (95% CI, 125-128) in women. The incidence rates in Catalonia are among the lowest in developed countries.</li> <li>2. The authors should include a comment regarding the fact that, in cardioembolic stroke, early recurrent embolization is the most important predictor for in-hospital mortality (see data in <i>Cerebrovasc Dis</i> 1998; 8: 8-13). Add and comment the reference</li> </ol>	
<b>Optional/General</b> comments		

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