



SDI Review Form 1.6

Journal Name:	British Journal of Medicine and Medical Research
Manuscript Number:	Ms_BJMMR_28282
Title of the Manuscript:	HYPERHOMOCYSTEINEMIA IN CHRONIC KIDNEY DISEASE PATIENTS IN A TEACHING HOSPITAL IN NIGERIA
Type of the Article	Original Research Article

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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.

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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)
<p>Compulsory REVISION comments</p>	<p>Abstract Line 5 Prevalence Cannot be determine, because your study is case and control type. Line8 this is Case control study not A cross-sectional Line 10 A comparative cross-sectional study among 138 patients with CKD and 69 healthy hospital staff individuals Line 10 69 controls who are they? are they healthy or having disease other than CKD Line 11-14 needs to rewrite 14-15 They also had homocysteine levels measured using the enzyme-linked immunosorbent assay and these were also compared in the different chronic kidney disease stages. All subjects had the homocysteine levels measurement using the enzyme-linked immunosorbent assay. homocysteine levels were compared between healthy persons and CKD patients as well as within deferent stages chronic kidney disease Line 15 -22 needs to rewrite properly Line 16 -18 Results: A hundred and thirty-eight chronic kidney disease patients participated in this study, of which 3 each (2.2 %) were in CKD stages 1 and 2, 46 (33.3%) in stage 3, 66 (47.8%) in stage 4 and 20 (14.5%) in stage 5. Most of CKD patients were (47.8 %) stage 4, followed by (33.3%) stage 3 and stage 5(14.5%). While stage 1 and 2 were the least 2.2% each. Line 19 amongst—among Line24 its prevalence and severity increases as CKD progresses.no such result of correlation Line 28 Introduction Line 29-39 not clear needs to rewrite properly Line 41 CVD is higher in them Line 45 ESRD patients. For the first time should be written in complete not in abbreviation Line40-46 not clear needs to rewrite properly</p>	<p>Prevalence has been replaced with frequency</p> <p>This is not a case control study as the outcome in both groups – cases and controls wasn't known prior to the study Controls were recruited from amongst hospital staff (doctors and nurses) who were apparently healthy and not on medication for any acute or chronic ailments. Line 11-22 has been rewritten Line 24 Conclusion The prevalence of hyperhomocysteinemia is high in CKD patients compared to controls and its prevalence increases as CKD progresses. Line 29-101, corrections have been made.</p> <p>Controls were fewer in this study due to financial constraints</p> <p>Corrections on results have been effected Discussion line 167 – 30.4% and 27.5% had moderate and intermediate hyperhomocysteinemia respectively. This was mentioned in the written part of the results</p>



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	<p>Line 58 Hcy ?????</p> <p>Line 61 about 85-100% [15] in ESRD[15]</p> <p>Line 65 factors i CKD factors in CKD</p> <p>Line 67 like ours ?? please mention name of the country</p> <p>Line 68 MATERIALS AND METHODS</p> <p>Line69 cross-sectional this is a comparative cross-sectional study</p> <p>Line 78-- needs description of the control group , who are they ??, where did you chose from ??</p> <p>Line86 were instructed to observe be an overnight fast for 8-10</p> <p>Line 87 before the day of sample collection before blood sample collection on the next day</p> <p>Line 92 The results were interpreted as follows The results were categorized as follows</p> <p>Line95-96 The controls had same done. ??? what do you like to inform???</p> <p>Do you mean that same procedures and investigations were done for the healthy (comparable)group ???</p> <p>Line 97 GFR ????????</p> <p>Line100 the different stages of CKD. What stages are they ????</p> <p>101 SAMPLE SIZE</p> <p>1-usually the sample size should be at the starting of the methodology not at end</p> <p>2-usualy the control group be either more or equal to the cases</p> <p>Line 109 DATA ANALYSIS</p> <p>Line 106-107 Just write SPSS version 17</p> <p>Line 107-118 rewrite in concentrated and smaller size</p> <p>Line 119 Results</p> <p>Line 120 ratio 2:1 This is not result It is Methodology</p> <p>All the methodology needs to rewrite</p> <p>Results</p> <p>Line 127 TABLE 1:</p> <p>1-(Mean ± S.D) should be listed with the age only</p> <p>2- you cannot perform any test for marital status as you have zero cell in widowed</p> <p>Line135 There was no significant difference between mean ages, sex and</p>	
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	<p>marital status of cases and controls as shown in table I</p> <p>. You can merge cells as married (Married+ Divorced+ Widowed) and unmarried groups (Single) then apply inferential test</p> <p>Line 127 Table II- 2</p> <p>TABLE 2: are you sure that the difference of BMI not significance??? t=4.987 p=0.762 this is not correct please see again the p value !! Fasting Blood Sugar (mg/dl) p< 0.01 please mention the correct value of p</p> <p>3- It is preferable to add one column more for the type of test of significance Line 132 TABLE II BMI, Waist-Hip ratio, AND FBS Better go to table 1 It is preferable to add one column more for the type of test of significance not as a footnote Line 138- 140 please write in better way , don't repeat mentioning stage 4 Please rewrite the Results properly Usually the table given Arabic number (1,2,3,4...)and graph in I,II,III... Discussion Line 159 is common among is significantly higher among Line 161 Vandana et al no such name in the list of reference Line 161 tHcy ??????? Line 167 52.5%, and 47.5% had moderate and intermediate hyperhomocysteinemia respectively How did you get this figures there is no such in results Line 171 Hcy???????</p> <p>Line 162 Of the number of cases with moderate or intermediate hyperhomocysteinemia, were 30.4%, and 27.5% had moderate and intermediate hyperhomocysteinemia respectively</p> <p>Line 180 significant difference was noticed in tHcy of cases and control which was higher in the cases than control, which is in keeping with the findings by Muhammad et al in Pakistan [26]. 18The mean tHcy value of the controls 8.3 ± 2.85 is also comparable to that reported by Okubadejo et al amongst their control subjects – 10.1 ± 7.7 [27] and also with that reported by Osunkalu amongst otherwise</p>	
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Comment [M1]: Lines 143 – 145 under results shows this.



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	<p>healthy subjects with a mean tHcy of 9.5 ±2.4 [28] Line 180-184 not clear please write in proper scientific and precise way Line 187 between the degree severity of kidney disease Line 188 shows a steady rise in the prevalence no such finding in your results Line 190 in keeping with findings from in concordance with findings from Line 194-195 But you did not mention any thing about GFR Line 196-205 not clear sentences . Please try to write it better Line 188-189 But you did not mention any thing about GFR</p> <p>All discussion needs rewrite</p>	
<p>Minor REVISION comments</p>		
<p>Optional/General comments</p>	<p>1-Title Hyperhomocysteinemia In Chronic Kidney Disease Patients In a-2 Teaching Hospital In Nigeria Levels of Hyperhomocysteinemia and severity of Chronic Kidney Disease Patients in Two Teaching Hospital In Nigeria</p>	<p>The study was carried out in just one hospital hence the title- Hyperhomocysteinemia In Chronic Kidney Disease Patients In a Teaching Hospital In Nigeria</p>

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