

Review Form 1.6

Journal Name:	Journal of Advances in Medicine and Medical Research
Manuscript Number:	Ms_JAMMR_94334
Title of the Manuscript:	Pharmacological management of arterial hypertension and clinical outcome of a cohort of patients with eclampsia.
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:

(<https://www.journaljammr.com/index.php/JAMMR/editorial-policy>)

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	<p>Thank you for giving me the opportunity to review this manuscript. There are some issues to be addressed,</p> <p>Many grammar mistakes and language errors all through .</p> <p>Many paragraphs can not be understood and need to be rewritten . Results are mentioned in conclusion .</p> <p>Appreviations are not discussed. Non medical language is used.</p> <p>Does the included patients are Already presented with fits or developed during hospitalization .</p> <p>Why diazepam and phenytoin is used as this is against the guidelines .</p> <p>Why in recurrent fits , magnesium was not used again instead of diazepam as in common guidelines .</p> <p>Is it a prospective or retrospective study .</p> <p>What was the initial antihypertensive drugs used in patients before the fits. During the fits , what was the drug as it is commonly to be Infusion of hydralazine or labetalol which is missing in your hospital .</p> <p>What was the maintainaince drug after delivery.</p> <p>Was the ace inhibitors and others, used in pregnancy .</p> <p>It seemed that the poor control of hypertension by appropriate drugs and poor use of magnesium , to be the source of the recurrent seizures .</p> <p>What about long term hypertension after eclampsia . What about thrombophilia profile .</p> <p>What about renal injury after resolution .</p> <p>What about recurrent preeclampsia in next pregnancy .</p> <p>How was the patients selected as only 40 cases in 3 years . How many cases were excluded .</p> <p>The results and conclusion in abstract are not understood and need to be rewritten</p> <p>What about the fetal condition .</p> <p>What about the laboratory investigations of the patients . What is torpid ?</p> <p>Remove special studies , use imaging .</p> <p>You included patients with eclampsia or those with preeclampsia . What are the number of the preelcmaptic patients .</p> <p>Patients with comorbidites are hypertensives or With superimposed preeclampsia</p> <p>Tables need to be rewritten in a correct way and correct presentation . Remove prematurity as gestational age is mentioned or classify at it . What is class 1 hellp.</p> <p>Mode of delivery instead of termination .</p> <p>Why IOI was not used in term patients. What about cervical scoring and parity . What about social background of the patients and antenatal care .</p> <p>Discharge is after recovery or transfer for complicated cases .</p> <p>Where the patients were transferred to , as you are already as referral center. Combined anathesia and not mixed .</p> <p>Onset of fits instead of obstetrics condition , it can be peripartum , less than 48 hours and after 48 hours presentation .</p> <p>What is the difference between dizzy and drowsy . What is the cause of fainting , atnesnia and adynamia.</p> <p>Include Anura with Oliguria . How Anuria was diagnosed .</p> <p>What is face to face episodes . It is encountered seizures before or after admission . Remove appearance stage , use onset.</p>	
Minor REVISION comments	<p>Number Of attaches , one , recurrent or status .</p> <p>Removes the studies and include the findings and discuss . Remove duration time .</p> <p>Anticonvulsant drugs and antihypertesove are against the guidelines that need more discussion and clarifications .</p> <p>In oliguria, we measure level of magnesium , reduce level; hydrate appropriately , reduce the dose .</p>	

Review Form 1.6

	All the results need to be rewritten . Tables need to be merged .	
Optional/General comments		

PART 2:

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

Reviewer Details:

Name:	Ahmed Samy
Department, University & Country	Alexandria University, Egypt