

## Review Form 1.7

Journal Name:	<a href="#">International Journal of Research and Reports in Hematology</a>
Manuscript Number:	Ms_IJR2H_98412
Title of the Manuscript:	Vitamin D Deficiency and Sickle Bone Disease: A Case Report
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:

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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><b>Compulsory</b> REVISION comments</p> <ol style="list-style-type: none"> <li>1. <b>Is the manuscript important for scientific community?</b> (Please write few sentences on this manuscript)</li> <li>2. <b>Is the title of the article suitable?</b> (If not please suggest an alternative title)</li> <li>3. <b>Is the abstract of the article comprehensive?</b></li> <li>4. <b>Are subsections and structure of the manuscript appropriate?</b></li> <li>5. <b>Do you think the manuscript is scientifically correct?</b></li> <li>6. <b>Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form.</b></li> </ol> <p><b><u>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</u></b></p>	<p><b>This manuscript is important to scientific community particularly medical doctors.</b></p> <p><b>Vitamin D deficiency in sickle cell anaemia and bone disease</b></p> <p><b>Adequate . See below some comments</b></p> <p><b>Needs adjustment as suggested below</b></p> <p><b>There are recommendations for improvement below</b></p>	
<p><b>Minor</b> REVISION comments</p> <ol style="list-style-type: none"> <li>1. <b>Is language/English quality of the article suitable for scholarly communications?</b></li> </ol>	<p>Acceptable</p>	
<p><b>Optional/General</b> comments</p>	<p><b>GENERAL COMMENTS</b></p> <p>There appears to be not so adequate presentation of facts about sickle cells disease events. Such includes crisis and in particular vaso-occlusive that leads to ischemia which may eventually complicate to severe bone lesions such as avascular necrosis for example head of femur. Furthermore the impact of vitamin D defects in the bone lesion is not comprehensively addressed. Assumptions presented and facts are not well developed. There was no cause to Vitamin D deficiency in the case presented. Laboratory results not quite convincing. The lady 30 years in an African setting with sunshine, nutritional, unlikely to explain the deficiency if all it was.</p> <p><b>Abstract</b> Restructuring so as to have 2nd sentence be first be considered. Generalised bone lesions sickle bone disease SBD mechanism as regards Vitamin D deficiency requires further understanding.</p> <p>Second paragraph all sentences required for re checking , then link to Vitamin D and Sickle cell disease. Bones mostly affected in sickle cells are those initially with precarious circulation like head of femur and erythropoiesis active bones ribs, skull and hips. At later stages of SCD all bones are affected as blood supply to bones becomes the central issue in sickle cell clinical and pathological manifestations.</p> <p><b>Purpose:</b> Not linking with the rest of the manuscript. There be introduction to be followed by case presentation.</p> <p><b>Case presentation:</b></p>	

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	<p>Attention be paid to flow of events till 30 years when bone lesions set in.          Case be presented as haematological issues that all the features of haemolytic anaemia of Hb SS usually are.          Thus reorganize to in the order of ; complaint, history of complaint. Past medical treatment, family, social systemic enquiry. Examination general and systemic. Investigations including confirmatory tests Haemoglobin status, chemistry, radiological and special such as bone studies.</p> <p><b>Introduction:</b>          Current form is short and not linking Vitamin D and Hb SS disease and the current case.</p> <p>Case history be confined with case presentation.          Facts be checked          Osteomyelitis in sickle cell is of special interest and be elaborated on convincingly.          Entire current second paragraph be revised for facts, flow and appropriate knowledge on SCD.</p> <p>The 3<sup>rd</sup> paragraph: Intervention administration of calcium, Vitamin D be revised for facts. Nailing which is supposed to be surgical in sickle cell is not presented factually, lots of information missing such as preparations and goal of surgery in sickle cell with such lesions and complications.          Entire paragraph be revised for facts and flow of what was done, why and outcome.</p> <p><b>Table 1</b>          Total is 88.3 and remainder 11.7% not explained. The level of Hb F is high at this age – this be explained – was this Hereditary Persistence of High Fetal haemoglobin in this case?</p> <p><b>Table 2</b>          Low albumin be explained          to rule out renal rickets at 30 years in Hb SS be explained.</p> <p>To rule out inflammatory arthritis be explained what is referred to          State the basis of third table.          Radiologically competent, report of figures 1A 1B be given</p> <p><b>Discussion:</b>          This section is expected to put across the case of SCD and Vitamin D deficiency. It is suggested that this section be revised entirely to reflect relationship with facts and supportive evidence comprehensively discussed to have the authors thoughts and ideas.</p> <p><b>Conclusion</b> current one is long and more of summary than a conclusion.          These two provide references significant opinion on Vitamin D1 and bone lesions in Sickle Cell Disease *Selma Unyal , Yesim oztass, Analcin Eskandari, etc Blood (2014) 124 (21)4923.          *Prevalence of Vitamin D deficiency in sickle cell disease: A systemic review Vikki G, Nolan, Kerr A Nohage et al: March 3, 2015 <a href="http://doi.org/10.1371/journalphone:0119908">http://doi.org/10.1371/journalphone:0119908</a></p>	
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**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>	

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