Review Form 1.7

Journal Name:	**Asian Journal of Immunology**
Manuscript Number:	**Ms_AJI_104235**
Title of the Manuscript:	**Epidemiological and clinical aspects of congenital heart disease in Fallujah Maternity and Children Hospital, Fallujah City , Anbar, West of Iraq**
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:

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Review Form 1.7

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 **1. Is the manuscript important for scientific community?** (Please write few sentences on this manuscript) **2. Is the title of the article suitable?** (If not please suggest an alternative title) **3. Is the abstract of the article comprehensive?** **4. Are subsections and structure of the manuscript appropriate?** **5. Do you think the manuscript is scientifically correct?** **6. Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form.** **(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)**	**The manuscript is of limited importance to international readers, however, it may have some significance locally. A population gap may be identified by this study** **YES** **YES** **Method is too brief.** **Yes** **They are sufficient, but not included (as numbers) in the manuscript itself.** **This is a prospective descriptive study of children with CHD in a single centre. I do appreciate the efforts by the authors over a period of 5 years. They are to be commended. However, the manuscript itself leaves a lot to be desired. The following are my major comments and concerns:** **1- It is not clear to me why the authors gave such an importance to the age of the child at the time of diagnosis. The age at time of diagnosis can't be a risk factor. Unless the authors mean that this is the age at which the child became symptomatic, if this is the case please make it clear.** **2- Conclusion of both Abstract and Article:** **The conclusion seems more suitable for the discussion as it includes suggestions and recommendations. The conclusion should be brief and driven from the results. For example: You may conclude that VSD is the most common anomaly. Among the known risk factors of CHD, only consanguinity was evident. Normal birth weight, lack of other anomalies, absent history of congenital anomalies in a previous birth, and maternal age do not rule out CHD. Early thorough examination and detection is mandatory.** **(This is just an example to guide you).** **3- Every idea or concept presented in the introduction (such as epidemiology – causes – etc) should be followed by the reference(s). You simply cited 3 references at the end of the discussion, this doesn't allow the reader to identify the source of the different information. Furthermore, the first reference to be cited was #3, where are references 1 and 2? Please revise the citation and references' numbering.** **4- You wrote: [All children suspected of having CHD underwent a comprehensive evaluation]. I know that the aim of the study is to describe the cohort of CHD cases. However, it would be very informative if you reported how many were screened, this will give the reader an idea about the prevalence of CHD in your setting.** **5- Method: You wrote: [The data collected were obtained through face-to-face interviews with the parents]. Collecting data only from relatives exposes the study to recall bias, this should be added as a limitation, unless you also used medical records. Additionally, please indicate whether consents (verbal or written) were obtained, or that the study was approved with waiver of consent.**	

	6- Method: Please include a small paragraph about the descriptive statistics used. How did you summarize continuous variables [usually either mean ± standard deviation or median and interquartile range, but in your article you categorized them] and discrete variables such as (sex) [usually by reporting count and percentage out of the total]. And remove from the results the sentence (Categorical variables were reported as frequencies and percentages). **7- Results: You wrote: [The frequency of all the defects was found to be higher in the age range of 1-28 days, except for CAVC which was reported in equal percentages during both the 1st 28 days and the 1st year of age.]. TOF is actually higher in the category (13 m – 5 y) 34%, followed by (29 d – 12 m) 27%, then comes (1-28 d) by 24%. Please rephrase according to table 4.** **8- I think that tables 5 – 8 do not add much, they could be removed. Besides, I'm not sure about the journal's guidelines about the number of tables in an article. I think that 8 tables is too many.** **9- The discussion needs significant improvement.** **- Not a single reference was cited. You referred to several studies, yet, you didn't include any reference number from the list.** **- Avoid repeating numerical values of the results in the discussion unless absolutely necessary.** **- The discussion is much more than simply your results, and whether or not there were similar results in other studies.** **- Try to offer an explanation for your results, try to figure out why similar studies from the same country had different results, could the ethnicity be different for example? Could other regions have higher consanguinity rates? Could they be more / less exposed to chemicals or other mutagens?** **- Then move on to informing the reader about the importance of your study, what does your study add to knowledge? I can see that perhaps it fills a population gap, since it is specific to a certain region. What are the implications of the study for further research (you hinted to that when you mentioned the lack of a control group for comparison).**	

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Minor REVISION comments **1. Is language/English quality of the article suitable for scholarly communications?**	It needs proofreading by a native English speaker, or a professional language editor.	
Optional/General comments	Some minor concerns; 1- Names of babies and their mothers should not be part of the data collection. This violates data anonymity. 2- Material and Method: You wrote: [Several research studies and case reports have been issued by the unit, all of which confirm a significant increase in the incidence and severity of birth defects in children born after 2005.]. Can you please include references for this claim? 3- Table 1: Please make the title shorter. You don't need to repeat the name of the hospital, and don't need to include in the title that you are presenting count and percentage. Suggestion: Demographics of enrolled children. 4- It would be interesting to know how many mothers were less than 18 or 20 years old, since pregnancy in this age may be a high risk pregnancy. 5- Table 2: The count of the 3 age categories of mothers adds up to 1019, they should add to 1018 only. 6- In table 3, total ASD = 695, but in table 4 it is 698. Similarly D.TGA is 27 in table 4, but 28 in table 3. 7- Two paragraphs in the discussion include only results, but you didn't discuss anything about them, namely: - Our study also found that 54% of ASD cases were diagnosed in children aged 1-28 days, with 34% diagnosed between 29 days to 1 year old. Children above 5 years of age accounted for 9% of the total number, while only 3% of ASD cases were reported in children aged 13 months to 5 years old. - In terms of maternal variables, around 52% of mothers were under 30 years old at conception, 38% were between 31-40 years old, and only 10% were over 40, similar to findings in other studies. The majority of mothers in this study were housewives (96%), similar to a previous study on congenital malformations in the hospital. Only 2% were working women. 8- Limitations: - Since it is a single centre study, results can't be extrapolated to other populations. - Not having a control group can't lead to bias in the data. But it will not allow you to perform statistical comparison. 9- Improper citation for reference 1. And the correct citation for reference 2 is: Badi, Mohammed & Triana, Bárbara. (2014). Congenital heart diseases in neonatal unit at Al-Wahda Pediatric Teaching Hospital, Aden, Yemen (2012-2013). Revista Habanera de Ciencias Medicas. 13. 708-718. While for reference 4 is: T.Abdulghani, Samira. (2020). Demographic Factors Associated with Congenital Malformations Among Young Infants in Fallujah Maternity and Children Hospital, Fallujah City, Iraq. Genetics and Genomics. 1-5. 10.31487/j.GG.2020.01.03.	

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?	*(If yes, Kindly please write down the ethical issues here in details)*	

Reviewer Details:

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