

Review Form 3

Journal Name:	Asian Journal of Research and Reports in Gastroenterology
Manuscript Number:	Ms_AJRRGA_128152
Title of the Manuscript:	Epidemiological, clinical, histological, therapeutic and evolutionary profile of patients with Helicobacter Pylori (HP) infection: Prospective study
Type of the Article	Original Research Article

PART 1: Comments

	Reviewer's comment	Author's Feedback (Please correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Please write a few sentences regarding the importance of this manuscript for the scientific community. A minimum of 3-4 sentences may be required for this part.	This manuscript offers crucial insights into the epidemiological and clinical aspects of <i>Helicobacter pylori</i> infection, which is a major public health concern globally. By analyzing the demographic distribution, clinical presentations, and treatment outcomes, it enhances our understanding of the factors influencing <i>H. pylori</i> -related diseases. The findings underscore the need for targeted public health strategies and improve clinical management, particularly in vulnerable populations. Furthermore, this study contributes to the growing body of literature on <i>H. pylori</i> , providing a foundation for future research addressing this persistent infection's health implications.	
Is the title of the article suitable? (If not please suggest an alternative title)	Yes, the title is suitable as it accurately reflects the content of the manuscript, which focuses on the epidemiological, clinical, histological, therapeutic, and evolutionary profile of patients with <i>Helicobacter pylori</i> infection. But I suggest using " <i>Helicobacter Pylori</i> Infection: Epidemiological, Clinical, and Therapeutic Profiles from a Prospective Study"	
Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here.	The abstract is mostly comprehensive; however, it could benefit from including specific details about the key findings, particularly regarding the prevalence rates and treatment efficacy. Additionally, mentioning the significance of the demographic data may enhance its clarity and relevance. Methods: <ul style="list-style-type: none"> • Current Status: The methods section mentions the study design and patient numbers but lacks detail. • Suggestion: Include brief information about the types of tests used for <i>H. pylori</i> confirmation (e.g., histology, breath tests) to give readers insight into the methodology. -They did not specify the statistical software used in the statistical analysis such as spss Keywords:. <ul style="list-style-type: none"> • Suggestion: Add a list of keywords that capture the main topics of the study (<i>H. pylori</i>, epidemiology, gastric diseases) to improve discoverability. 	
Is the manuscript scientifically, correct? Please write here.	Yes, the manuscript appears to be scientifically correct. The methodology, results, and discussion sections are well-structured and supported by relevant data. Minor revisions may be needed for clarity and emphasis on key findings.	
Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.	The references are generally sufficient; however, including more recent studies from the last few years would be beneficial to strengthen the literature review. I recommend adding recent articles on <i>H. pylori</i> epidemiology and treatment strategies to provide a more comprehensive background. Suggested references include recent reviews or meta-analyses on the subject. _____	

Review Form 3

-Here is a verification and correction of the provided references, according to the instructions you shared (including the structure, listing the first six authors followed by *et al.*, adding DOI and PUBMED identifiers if available, and using the correct style for journal, book, and electronic article references).

Corrected References

1. **Correct**
Suzuki R, Shiota S, Yamaoka Y. Molecular epidemiology, population genetics, and pathogenic role of *Helicobacter pylori*. *Infect Genet Evol*. 2012;12(2):203-13. doi:10.1016/j.meegid.2011.12.002.
2. **Correct**
Mbulaiteye SM, Hisada M, El-Omar EM. *Helicobacter Pylori* associated global gastric cancer burden. *Front Biosci (Landmark Ed)*. 2009;14(4):1490-504. doi:10.2741/3332.
3. **Correct**
Perez-Perez GI, Rothenbacher D, Brenner H. Epidemiology of *Helicobacter pylori* Infection. *Helicobacter*. 2004;9(s1):1-6. doi:10.1111/j.1083-4389.2004.00246.x.
4. **Correct (small formatting edits)**
Moayyedi P, Axon AT, Feltbower R, Duffett S, Crocombe W, Braunholtz D, et al. Relation of adult lifestyle and socioeconomic factors to the prevalence of *Helicobacter pylori* infection. *Int J Epidemiol*. 2002;31(3):624-31. doi:10.1093/ije/31.3.624.
5. **Correct**
Goh KL, Chan WK, Shiota S, Yamaoka Y. Epidemiology of *Helicobacter pylori* Infection and Public Health Implications. *Helicobacter*. 2011;16(s1):1-9. doi:10.1111/j.1523-5378.2011.00874.x.
6. **Correct**
Uppin MI, Hannurkar KK. Prevalence of *Helicobacter pylori* in patients with peptic ulcer disease. *Int Surg J*. 2018;5(4):1315-8. doi:10.18203/2349-2902.isj20181387.
7. **Correct**
Mitchell H, Katelaris P. Epidemiology, clinical impacts and current clinical management of *Helicobacter pylori* infection. *Med J Aust*. 2016;204(10):376-80. doi:10.5694/mja16.00100.
8. **Correct**
Dattoli VCC, Veiga RV, Da Cunha SS, Pontes-de-Carvalho LC, Barreto ML, Alcântara-Neves NM. Seroprevalence and Potential Risk Factors for *Helicobacter pylori* Infection in Brazilian Children. *Helicobacter*. 2010;15(4):273-8. doi:10.1111/j.1523-5378.2010.00769.x.
9. **Correct**
Smith SI, Ajayi A, Jolaiya T, Onyekwere C, Setshedi M, Schulz C, et al. *Helicobacter pylori* Infection in Africa: Update of the Current Situation and Challenges. *Dig Dis*. 2021;40(4):535-44. doi:10.1159/000517552.
10. **Incomplete Reference**
 - Missing publication details. A complete citation is required.
11. **Correct (added accents)**
Ankouane F, Kowo M, Ngatcha G, Tchawo MB, Tzeuton C, Nouedoui C, et al. Prévalence de l'infection à *Helicobacter pylori* chez 103 patients avec reflux gastroœsophagien, œsophagite érosive ou un œsophage de Barrett à Yaoundé, Cameroun. *Hegel*. 2015;4(4):297-303.
12. **Correct**
Andoulo FA, Noah DN, Tagni-Sartre M, Ndam ECN, Blackett KN. Épidémiologie de l'infection à *Helicobacter Pylori* à Yaoundé: de la particularité à l'énigme africaine. *Pan Afr Med J*. 2013;16:115. doi:10.11604/pamj.2013.16.115.2746.
13. **Correct (minor edits)**
Essadik A, Benomar H, Rafik I, Hamza M, Guemouri L, Kettani A, et al. Aspects épidémiologiques et cliniques de l'infection à *Helicobacter pylori* à travers une étude marocaine. *Hegel*. 2013;3(3):163-9.
14. **Correct**
Lunet N. *Helicobacter pylori* infection in a region with high risk of gastric cancer. 2011 [cited 2024 Oct 31]. Available from: <https://repositorio-aberto.up.pt/handle/10216/160642>.
15. **Correct**
Asaka M. Guidelines for the Management of *Helicobacter pylori* Infection in Japan: 2009 Revised Edition. *Helicobacter*. 2010;15(1):1-20. doi:10.1111/j.1523-5378.2009.00738.x.
16. **Correct**
Alsulaimany FAS, Awan ZA, Almohamady AM, Koumu MI, Yaghmoor BE, Elhady SS, et al.

Review Form 3

	<p>Prevalence of <i>Helicobacter pylori</i> Infection and Diagnostic Methods in the Middle East and North Africa Region. <i>Medicina</i>. 2020;56(4):169. doi:10.3390/medicina56040169.</p> <p>17. Correct ATTAF N, Cherkaoui N, Choulli M, Ghazali L, Mokhtari A, Soulaymani A. Profil épidémiologique de l'infection à <i>Helicobacter pylori</i> dans la région du Gharb-Chrarda-Beni Hssen. <i>Biologie Santé</i>. 2004;4:25-34.</p> <p>18. Correct Ilboudo D, Sangare L, Sanou J, Bougouma A, Diomande I. Aspects épidémiologiques et cliniques de l'infection à <i>Helicobacter pylori</i> en zone tropicale. <i>Médecine Afr Noire</i>. 1997;44(7):456-62.</p> <p>19. Correct Mascellino MT, Porowska B, De Angelis M, Oliva A. Antibiotic susceptibility, heteroresistance, and updated treatment strategies in <i>Helicobacter pylori</i> infection. <i>Drug Des Devel Ther</i>. 2017;11:2209-20. doi:10.2147/DDDT.S132153.</p> <p>20. Correct Oderda G, Marietti M, Pellicano R. [Diagnosis and treatment of <i>Helicobacter pylori</i> infection in pediatrics: recommendation for 2014 clinical practice]. <i>Minerva Pediatr</i>. 2015;67(6):517-24. PMID:25876172.</p>	
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Review Form 3

<p>Is the language/English quality of the article suitable for scholarly communications?</p>	<p>The language and English quality are generally suitable for scholarly communication. However, some sentences could be simplified for clarity. A thorough proofreading may help correct minor grammatical errors and improve overall readability.</p> <p>Original: The aim of our work is to define the clinical, histological, therapeutic and evolutionary epidemiological profile of patients with <i>H. pylori</i> infection.</p> <p>Suggestion: Our work aims to define the clinical, histological, therapeutic, and evolutionary epidemiological profile of patients with <i>H. pylori</i> infection.</p> <p>Original: "Peptic ulcer was found in 8.3%, while gastric cancer was not observed in any patient."</p> <p>Suggestion: "Peptic ulcers were found in 8.3%, while gastric cancer was not observed in any patients."</p> <p>Issue: Changing "Peptic ulcer" to "Peptic ulcers" ensures subject-verb agreement, and "in any patient" to "in any patients" maintains consistency in plurality</p> <p>-Ensure consistent use of terms; if you use "H. pylori" in one sentence, don't switch to "Helicobacter" in another without context</p> <p>-Error: "IPP" Correction: "PPI" (Proton Pump Inhibitors). Use correct and standardized terminology</p> <p>-Error: "fibroscopy" Correction: "endoscopy". The term "fibroscopy" is less commonly used in English-language medical publications.</p> <p>Error: "non-atrophic gastritis was the most frequent histological lesion, dysplasia lesions are rare..." Correction: "non-atrophic gastritis was the most frequent histological lesion. Dysplastic lesions were rare...". Correct grammar and punctuation.</p> <p>-Error: "all slices of age are affected by this infection" Correction: "all age groups are affected by this infection. Use the correct terminology in English.</p> <p>-Error: "HP eradication was observed in 76.1% of patients treated with concomitant quadruple therapy and 79.5% of patients treated with bismuth therapy" -Correction: "HP eradication was achieved in 76.1% of patients treated with concomitant quadruple therapy and in 79.5% of those treated with bismuth therapy". Rephrase for clarity and precision.</p> <p>-Error: "The prevalence of <i>H. pylori</i> infection continues to vary strongly between developing countries and developed countries" Correction: "The prevalence of <i>H. pylori</i> infection continues to vary significantly between developing and developed countries". Replace "strongly" with "significantly", is more appropriate in this context.</p> <p>-Error: "Epigastralgia was the main reason for endoscopic examination (32.5%)" Correction: "Epigastralgia was the most common indication for endoscopic examination (32.5%)". Indication" is more precise in this context</p> <p>-Error: "Non-invasive methods are favored in certain situations" Correction: "Non-invasive diagnostic methods are preferred in certain situations". Add "diagnosis" for more precision.</p> <p>Style and Reformulations</p> <p>Error: "No patient experienced severe side effects leading to discontinuation of treatment" Correction: "No patient experienced severe side effects that necessitated treatment discontinuation". More formal and precise.</p> <p>- Error: "Epigastralgia was the main reason for endoscopic examination" Correction: "Epigastralgia was the primary indication for endoscopy". more concise terms.</p> <p>- Error: "We included 86 patients, of whom 58 were women and 28 men, giving an M/F sex ratio of 1/2" Correction: "The study included 86 patients, 58 women and 28 men, resulting in an M/F sex ratio of 1:2". Adopt a clearer formulation.</p> <p>- Error: "the argument of frequency should encourage us at least in case of gastroduodenal ulcer, to make a systematic eradication" Correction: "The high prevalence of <i>H. pylori</i> suggests that systematic eradication should be considered, particularly in cases of gastroduodenal ulcers". Rephrase for a more academic tone</p>	
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Review Form 3

Optional/General comments	Overall, the manuscript presents important findings regarding <i>H. pylori</i> infection. Addressing the suggested revisions could enhance its impact and clarity. It is crucial to ensure that the implications of the findings are clearly articulated, particularly in the discussion section, to emphasize their relevance to the scientific community. Additionally, a more detailed exploration of the limitations of the study would strengthen the manuscript. I think there are no competing interest issues in this manuscript. The authors declare that they have no financial or personal relationships that could influence the work presented.	
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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:	Chama Zouaouia
Department, University & Country	Djillali Liabes University, Algeria