

Review Form 3

Journal Name:	International Journal of Medical and Pharmaceutical Case Reports
Manuscript Number:	Ms_IJMPCR_128836
Title of the Manuscript:	An Unforeseen Presentation: Dengue And Chikungunya Coinfection Associated With Multi Organ Dysfunction Syndrome And Ttp: A Case Report
Type of the Article	Case report

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PART 1: Comments

	Reviewer's comment	Author's Feedback <i>(Please correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
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.	Cases of combination of infections, Viruses, Bacteria and Parasites are of uncommon in developing countries. They often present a mixed clinical picture and demanding urgent management. This case report is a case of dengue and chikungunya coinfection associated with Thrombotic Thrombocytopenic Purpura (TTP) in an adult Indian female. TTP occurs when a patient does not have the right amount of an enzyme called ADAMTS13 which controls how our blood clots. Shortage of ADAMTS13, our body makes too many blood clots. As TTP can be caused by several factors like Cancer, HIV, lupus, infections, chemotherapy, hematopoietic stem cell transplantation, hormone replacement therapy, and oestrogens, one need to distinguish and manage the case. The presence of schistocytes on the peripheral blood smear suggests red blood cell injury from damaged endothelium and is a characteristic feature of microangiopathic haemolytic anaemia.	
Is the title of the article suitable? (If not please suggest an alternative title)	Yes	
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.	Yes, the stressing on persistent thrombocytopenia with signs of haemolysis, the clinically diagnosis of TTP and starting with intravenous methyl prednisolone pulse steroid therapy followed by 1mg/kg of methyl prednisolone along with plasma exchange daily for 3 days is appreciable. However, one need to explicit in ruling out the exact cause for persistent thrombocytopenia, though dengue & chikungunya coinfection were proved by rapid tests. Thrombocytopenia is commonly observed in both mild and severe dengue syndromes in India, it is not that common in Chikungunya fever. Similarly, Multiorgan failures (MOF) are also known in Dengue than Chikungunya. The authors could have tried to analyse which was the primary cause of MOF and also make a comment on the presence of schistocytes on the peripheral blood smear, was due to any other parasitic infections like Malaria?	
Is the manuscript scientifically, correct? Please write here.	Yes	
Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.	Yes	
Is the language/English quality of the article suitable for scholarly communications?	Yes	
<u>Optional/General</u> comments	Though dengue and chikungunya coinfection associated with multi organ dysfunction syndrome and TTP, an effort to pin-point the primary condition leading to TTP would add value. Though they observed a patient coinfecting with dengue and chikungunya virus leading to the complications and multiorgan damage syndrome, The recovery in about 10 days, need better projection of the prognosis made, as the general outcomes are not encouraging.	

PART 2:

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

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