

Review Form 3

Journal Name:	Asian Journal of Medicine and Health
Manuscript Number:	Ms_AJMAH_129652
Title of the Manuscript:	Prevalence and risk factors of deep vein thrombosis with acute stroke: a cross-sectional study
Type of the Article	Original Research Article

General guidelines for the 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 guidelines for the Peer Review process, reviewers are requested to visit this link:

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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.		
Is the title of the article suitable? (If not please suggest an alternative title)		
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.		
Is the manuscript scientifically, correct? Please write here.		
Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.		

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<p>Is the language/English quality of the article suitable for scholarly communications?</p>		
<p>Optional/General comments</p>	<p>There are several articles discuss the correlation between a high NIHSS score and an increased risk of venous thromboembolism (VTE) in acute stroke patients. However, most of these articles fail to explain how the NIHSS score, primarily used to assess the severity of stroke, serves as a predictive factor for VTE. While a high NIHSS score indicates a more severe stroke, it is not typically regarded as an independent risk factor for deep vein thrombosis (DVT) in acute stroke patients(1). However, NIHSS has been shown to be a strong predictor of functional recovery in acute stroke patients undergoing thrombolysis. A 24-hour NIHSS score, for instance, has been identified as a useful clinical marker for predicting functional outcomes after intravenous thrombolysis in acute ischemic stroke patients(2). As a suggestion, incorporating the Caprini score as a predictive tool for VTE risk in acute stroke patients may provide further clarity and enhance risk stratification in this population(3).</p> <p>References: (1) Tøndel, B. G., Morelli, V. M., Hansen, J. B., & Braekkan, S. K. (2022). Risk factors and predictors for venous thromboembolism in people with ischemic stroke: A systematic review. <i>Journal of thrombosis and haemostasis : JTH</i>, 20(10), 2173–2186. https://doi.org/10.1111/jth.15813 (2) You, S., Wang, Y., Wang, X., Maeda, T., Ouyang, M., Han, Q., Li, Q., Song, L., Zhao, Y., Chen, C., Delcourt, C., Ren, X., Carcel, C., Zhou, Z., Cao, Y., Liu, C. F., Zheng, D., Arima, H., Robinson, T. G., Chen, X., ... Anderson, C. S. (2024). Twenty-Four-Hour Post-Thrombolysis NIHSS Score As the Strongest Prognostic Predictor After Acute Ischemic Stroke: ENCHANTED Study. <i>Journal of the American Heart Association</i>, 13(18), e036109. https://doi.org/10.1161/JAHA.124.036109 (3) Zhu, X., Zhang, T., Zhou, L., Yin, X., & Dong, Q. (2020). Stratification of venous thromboembolism risk in stroke patients by Caprini score. <i>Annals of palliative medicine</i>, 9(3), 631–636. https://doi.org/10.21037/apm.2020.04.20</p>	

PART 2:

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

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