

Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_82428
Title of the Manuscript:	Scrub Typhus presenting as severe thrombocytopenia
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:

(<https://www.journalijtdh.com/index.php/IJTDH/editorial-policy>)

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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)
Compulsory REVISION comments	<p>My Review Points are as follows:</p> <ul style="list-style-type: none"> • With references given below, I suggest the authors, that the thrombocytopenia is not rare with the Scrub Typhus, as many articles are available suggestive of severe thrombocytopenia in Scrub Typhus cases. • Scrub Typhus now a days is not so rare disease in western Rajasthan as it has re-emerged as an epidemic during three months or so (October to December every year) and patients present with various symptoms including MODS and thrombocytopenia. • The author had recorded this one case, as a rare disease, may be in his region of practice it is. • In this particular case the patient has no skin lesion or eschar which is the diagnostic feature of scrub typhus, and seen in almost all patients. • I suggest the authors to reconsider this point that only single case of thrombocytopenia is seen with scrub Typhus patient. <p>REFERENCES:</p> <ul style="list-style-type: none"> ➤ Thrombocytopenia is the single most common haematological abnormality; severe thrombocytopenia with platelet count less than 50x10³ /_L is seen in up to half of patients with Scrub Typhus. Bihari S. A study on socio-demographic, clinical and laboratory profile of scrub typhus in hadoti region Kota Rajasthan. <i>Paripex-Indian J Res.</i> 2019;5(8) ➤ Lowering of platelet count (thrombocytopenia)> 60% is also on record. Saluja M, Vimlani H, Chittora S, Sen P, Suman C, Galav V, et al. Scrub typhus: epidemiology, clinical presentation, diagnostic approach, and outcomes. <i>J Indian Acad Clin Med.</i> 2019;20(1):15–22. 25. Mokta J, Yadav R, Mokta K, Panda P, Ranjan A. Scrub typhus-The most common cause of Febrile Jaundice in a tertiary care hospital of Himalayan State. <i>J Assoc Physicians India.</i> 2017;65(8):47–50. ➤ In our study it was 65%, 12/35 in case group and 32/65 in control group was observed, here the exclusion of differential diagnosis of Dengue is warranted. <p>Conclusion of our study is, thrombocytopenia and deranged SGOT-SGPT were found to be prime clinico-pathological indicator of the scrub typhus. A study of various biochemical parameters in patients with scrub typhus Ashwini Manish Jantikar^{1,*} 1Dept. of Biochemistry, American International Institute of Medical Sciences, Udaipur, Rajasthan, India https://doi.org/10.18231/j.pjms.2021.017 2249-8176/© 2021 Innovative Publication, All rights reserved. 72</p>	
Minor REVISION comments	<ul style="list-style-type: none"> • If the author could mention the region of his practice where he could diagnose this one rare (as he mentions) case of Scrub typhus with thrombocytopenia, it would be a help for other readers • As the author mentions Scrub typhus mortality ranges from 0% to 30% in untreated individuals, and it varies according to age and infection location⁷. <p>According to our literature search it is 30% to 60%. Reference:3. Rathi N, Rathi A. Rickettsial infections: Indian perspective. <i>Indian Pediatr</i> . 2010;47(2):157–64. doi:10.1007/s13312-010-0024-3. 4. Groves MG, Harrington KS. Handbook of Zoonoses. Section A: Bacterial, Rickettsial, Chlamydial, and Mycotic Zoonoses. In: 2nd Edn. Boca Raton, FL: CRC Press; 1994. p. 463–74.</p>	

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Optional/General comments	Kindly reframe the manuscript with considering the above mentioned points in mind.	
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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> Has the researcher taken Informed Consent from the patient mentioning that the data would be used for publishing?	

Reviewer Details:

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