Review Form 1.6

Journal Name:	**Journal of Advances in Medicine and Medical Research**
Manuscript Number:	**Ms_JAMMR_79634**
Title of the Manuscript:	**Relationship of crp to lymphocyte ratio with prognosis and mortality in Covid 19**
Type of the Article	**Original Research Article**

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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.
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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	**There are grammatical errors and inappropriate use of Subject-Verb** Background: The Covid 19 pandemic is a serious disease that has infected millions of people and died tens of thousands. The clinical findings of the disease is observed in a wide range from asymptomatic to death. On the other hand, abnormal pathological variety is findings in laboratory parameters. Aims: In this study, it was aimed to relation laboratory parameters with prognosis and mortality in the admission intensive care. (The COVID-19 pandemic is a serious disease that has infected millions of people and killed tens of thousands. The clinical findings of the disease are observed in a wide range of symptoms, from asymptomatic to death. On the other hand, abnormal pathological variety is found in laboratory parameters. Aims: The purpose of this study was to find a link between laboratory parameters and prognosis and mortality in the intensive care unit). (113 male, 84 female) (113 males and 84 females) The mean age was 64.6 ±2.16 (21-95) years. 57.3% were male and 42.7% female. WBC values of the patients were 46.8% high and 53.2% normal. According to lymphocyte values; 55.3% lymphopenia, 43.6% normal lymphocytes, 1.1% lymphocytosis. Procalcitonin value were more than normal in 88.8% of patients. CRP values were more than normal in the first 24 hours in 98.9% of the patients. Normal reference range values are WBC 4-10 µL, CRP 0-5 mg/L, Lymphocyte 0.8-4 µL. According to normal reference ranges; WBC/Lymphocyte 1-12.5 and CRP/Lymphocyte 0-6.25 values were admitted normal ranges. Mortality rate of patients admitted in Intensive-care found as 54.8%. 57.3% were male and 42.7% were female. The WBC values of the patients were 46.8% high and 53.2% normal. Lymphocyte values show that 55.3% of the population has lymphopenia, 43.6% have normal lymphocytes, and 1.1% have lymphocytosis. Procalcitonin values were higher than normal in 88.8% of patients. CRP values were higher than normal in the first 24 hours in 98.9% of the patients. WBC 4–10 L, CRP 0–5 mg/L, and lymphocyte 0.8–4 L are normal reference range values. According to normal reference ranges, WBC/Lymphocyte 1–12.5 and CRP/Lymphocyte 0-6.25 values were admitted as normal ranges. The mortality rate of patients admitted to intensive care was found to be 54.8%. Intensive-care Unit admission patients is more often in male and over 60 years old. Mortality is more in female patients and between the ages of 21-60. WBC/Lymphocyte ratio has no significant relationship with mortality. A CRP/Lymphocyte ratio more than 100 is related with mortality in patients with and without a history of steroid treatment. (Intensive-care Unit admission patients are more often males and over 60 years old. Mortality is higher in female patients and those between the ages of 21 and 60. The WBC/lymphocyte ratio has no significant relationship with mortality. A CRP/Lymphocyte ratio of more than 100 is related to mortality in patients with and without a history of steroid treatment). The Covid 19 pandemic is a serious disease that has infected millions of people and died tens of thousands. Although SARS-CoV-2 has responded to treatments in some countries, it continues to spread rapidly in many regions [1]. The clinical findings of the disease is observed in a wide range from asymptomatic to death. On the other hand, abnormal pathological variety is findings in laboratory parameters. In this study, it was aimed to relation laboratory parameters with prognosis and mortality in the admission intensive care. (The COVID-19 pandemic is a serious disease that has infected millions of people and killed tens of thousands. Although SARS-CoV-2 has responded to treatments in some countries, it continues to spread rapidly in many regions [1]. The clinical findings of the disease are observed in a wide range of symptoms, from asymptomatic to death. On the other hand, abnormal pathological variety is found in laboratory parameters. The goal of this	

	study was to find a link between laboratory parameters and prognosis and mortality in the admission intensive care unit). Ersin Arslan Training and Research Hospital Covid Intensive-care Unit between July 1, 2021, and September 30, 2021. A total of 197 patients (113 male, 84 female) were examined. White blood cell (WBC), C-reaktif protein (CRP), lymphocyte and procalcitonin (PCT) values, treatment of steroid, intubation day and mortality status were recorded from the laboratory results of the patients within the first 24 hours. The relationships of the recorded data with each other were evaluated. Wilcoxon Signed-Rank test was used for statistical analysis. (Between July 1, 2021, and September 30, 2021, at the Ersin Arslan Training and Research Hospital, Covid Intensive-care Unit. A total of 197 patients (113 males and 84 females) were examined. Within the first 24 hours, white blood cell (WBC), C-reactive protein (CRP), lymphocyte, and procalcitonin (PCT) values, treatment of steroids, intubation day, and mortality status were recorded from the laboratory results of the patients. The relationships between the recorded data and each other were evaluated. A Wilcoxon Signed-Rank test was used for statistical analysis). A total of 197 patients were analyzed. The mean age was 64.6 ±2.16 (21-95) years. 57.3% were male and 42.7% female. Most of the patients were over 60 years old (67.5%). WBC values of the patients were 46.8% high and 53.2% normal (normal reference range 4-10 µL) (Figure 1). Lymphocyte values; 55.3% lymphopenia, 43.6% normal lymphocytes, 1.1% lymphocytosis (normal range 0.8-4 µL). CRP results were 98.9% high (normal range 0-5 mg/L). High PCT value was 26.3% of the patients (normal range 0-0.5 ng/ml). 86.8% had a history of steroid treatment. 58.3% intubated (in Intensive-care) and 54.8% died of the patients. According to the lower and upper reference values; WBC/Lymphocyte (W/L): 1-12.5 and CRP/Lymphocyte (C/L): 0-6.25 values were admitted normal ranges. Wilcoxon Signed-Rank test was used for statistical analysis. (Most of the patients were over 60 years old (67.5%). The WBC values of the patients were 46.8% high and 53.2% normal (normal reference range: 4-10 L) (Figure 1). 5.3% lymphopenia, 43.6% normal lymphocytes, and 1.1% lymphocytosis (normal range 0.8–4 L). CRP levels were 98.9% elevated (normal range 0-5 mg/L).PCT value was 26.3% of the patients (normal range 0–0.5 ng/ml). 86.8% had a history of steroid treatment. 58.3% were intubated (in intensive care) and 54.8% died. According to the lower and upper reference values, WBC/Lymphocyte (W/L): 1–12.5 and CRP/Lymphocyte (C/L): 0-6.25 values were admitted as normal ranges. A Wilcoxon Signed-Rank test was used for statistical analysis). According to this; In Covid-19, male and over the age of 60 patients are admitted to more often intensive care units. Female gender and over 60 years are related with mortality (p<0.04). (According to this, in COVID-19, male and older patients are admitted more often to intensive care units. Female gender and age over 60 years are related to mortality (p 0.04). Eosinopenia and lymphopenia have been reported in many studies in Covid 19. The reason for this may be the distribution variety of white blood cells as a result of cytokine storm by T cells [2,3]. In our study, although eosinopenia was rare, lymphopenia was more often. It has been reported that 77.8% of the patients are between the ages of 30-69 and 2.4% younger the age of 18 in Covid 19 [4]. Eosinopenia and lymphopenia have been reported in many studies in COVID 19. This could be due to the distribution of white blood cells as a result of cytokine storm by T cells [2, 3]. In our study, although eosinopenia	

	was rare, lymphopenia was more common. It has been reported that 77.8% of the patients are between the ages of 30–69 and 2.4% younger than the age of 18 in COVID-19 [4].	
Minor REVISION comments	The author should crosscheck the manuscript carefully for grammatical errors.	
Optional/General comments		

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)*	

As per the guideline of editorial office we have followed VANCOUVER reference style for our paper.

Kindly see the following link:

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