

Review Form 1.6

Journal Name:	Journal of Pharmaceutical Research International
Manuscript Number:	Ms_JPRI_71128
Title of the Manuscript:	Acute Fatty Liver of Pregnancy-a rare but potentially catastrophic cause of Jaundice in pregnancy
Type of the Article	

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:

(<http://peerreviewcentral.com/page/manuscript-withdrawal-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>Abstract:</p> <ol style="list-style-type: none"> 1. Please revise the abstract your abstract is description of your patient. Rather it should contain definition of the AFLP and how much rare is the condition worldwide and what about in the study area. 2. summary of your finding 3. What was your conclusion? 4. In the final statement what is the implication of your finding in this case report <p>Introduction:</p> <p>4. your introduction needs a major revision because you were taking large paragraph from a single study e.g. "Acute fatty liver of pregnancy is a very uncommon cause of jaundice in pregnancy and is an obstetric emergency. It has been found that 1:7,000 to 1:20,000 pregnancies is the approximate incidence of Acute Fatty Liver of Pregnancy. It is mainly a disease affecting patients in their third trimester or postpartum period and can result in liver failure and maternal and foetal mortality. AFLP is usually diagnosed by ruling out all other differential diagnosis and requires prompt intervention. Maternal and foetal prognosis has been transformed thanks to rapid diagnosis and timely delivery of the baby. (2)" which needs significant rewriting other wise it difficult to consider for publication.</p> <p>5. You were using non specified or non-scientific citation through the manuscript for example what type of citation is "Hepatorenal syndrome, and septicaemia.(3), complications associated with high mortality.(4)" if it was Vancouver the full stop should be after the number inside the bracket and if need to make AMA it should be superscript and bracket should be deleted.</p> <p>6. There are maxed type citation you have used Harvard and Vancouver which is not possible to use two different citation style in one manuscript. For example, "Evidences of related issues were reviewed from articles by Patel et. al (17), Khatib et. al. (18) and Lozano et. al. (19)".</p> <p>7. "On Per vaginal examination, cervix was 1cm dilated, minimally effaced, station was high up, membranes were present, and presenting part was vertex." How can we identify presenting part in women with high station and non-effaced cervix? Contradicting concept.</p>	
Minor REVISION comments	<p>Discussion</p> <p>8. As in the introduction it need correction on citation</p> <p>9. "Monitoring patient's Coagulation profile that includes fibrinogen levels, Prothrombin Time, INR and activated Partial Thromboplastin Time, and platelet count is of utmost importance for early diagnosis and management of overt coagulopathy. Seven to ten days postdelivery liver function starts to normalize." This statement is not cited please cite the source of information you provided for because this is not beside you should convince the readers.</p> <p>CASE DESCRIPTION</p> <p>10. "No longterm morbid diseases and no history of intake of drugs like paracetamol, aspirin, sodium valproate or herbal medicine in the past" be specific which herbal medicine known to affect liver... other wise it is off jargon word.</p> <p>11. "Per abdomen examination-soft, nontender, no guarding/ rigidity, and no organomegaly" what do you mean by saying no organomegaly 36 weeks GA can we identify organomegaly in 36 weeks pregnant women during physical examination if it was US finding specify with number values.</p> <p>12. What was grade of the oedema and is that pitting or non-pitting</p>	
Optional/General comments		

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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>	

Reviewer Details:

Name:	Daniel Atlaw
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