

## Review Form 1.6

Journal Name:	<a href="#">Journal of Pharmaceutical Research International</a>
Manuscript Number:	Ms_JPRI_80283
Title of the Manuscript:	Comparative evaluation of salivary interleukin- 18 in periodontitis patients with or without diabetes mellitus
Type of the Article	Research paper

### **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.journaljpri.com/index.php/JPRI/editorial-policy>)

### **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)
<b>Compulsory</b> REVISION comments	<ol style="list-style-type: none"><li>1- The authors mentioned many times in the introduction the role of interleukin-17 and interleukin-18 in the pathology of periodontitis, why they did not use IL-17 with IL-18?</li><li>2- Further salivary markers are required to investigate the function of salivary gland during periodontitis and diabetes mellitus</li><li>3- The approval of ethics committee was not mentioned</li><li>4- The patients approval did not mentioned</li><li>5- The discussion must be refined and re-write to consider the obtained results</li></ol>	
<b>Minor</b> REVISION comments	-grammar and languish editing are needed	
<b>Optional/General</b> 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?	<p><i>(If yes, Kindly please write down the ethical issues here in details)</i></p> <ol style="list-style-type: none"><li>1- The agreement of IRB are required</li><li>2- the written approval from patients are required</li></ol>	

### **Reviewer Details:**

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