

Review Form 1.6

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| Journal Name: | Journal of Pharmaceutical Research International |
| Manuscript Number: | Ms_JPRI_80631 |
| Title of the Manuscript: | Updates in diagnosis and management of purpural sepsis |
| 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:

<https://www.journaljpri.com/index.php/JPRI/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) |
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| Compulsory REVISION comments | <p>Maternal sepsis accounts for 11% of maternal deaths international and is the third most common direct cause of maternal death . Sepsis is the leading cause of maternal disease and mortality not only in low-income countries, but even in high-income countries, for example in UK. The international meaning of sepsis was changed in 2016 by the Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3). But in spite of significant amount of research in this area, there is no tendency to reduce the incidence and mortality from sepsis, including in obstetric practice. So, this problem is very actual and this article “Updates in diagnosis and management of purpural sepsis” will be interesting for the readers of “Journal of Pharmaceutical Research International”.</p> | |
| Minor REVISION comments | <p>It is known that in the case of endogenous intoxication [1] significantly increases the number of toxin-blocked pathological molecules of albumin. The number of normal albumin molecules decreases and the patient becomes septic. Then the liver begins to produce C-reactive protein (CRP), after the transition to a septic state, its level rises sharply. Other information about the transition to septic status is obtained with the advent of IL-6. This means the appearance of a septic condition. But, unfortunately, the mentioned information does not inform about any new approach in treatment to bring the patient out of this condition.</p> <p>But let me remind, that the authors in [1-3] depicted, that there was a significant increase in toxin-blocked albumin molecules (which could not play a detoxifying role). A person moves into a septic state, but can live due to the presence of normal albumin molecules. To transfer the patient to a septic state, it is necessary to use information about the appearance in the septic area of CRP and IL-6. Pathogenetic treatment (infusion of albumin solution with etiotropics is much more effective).</p> <p>1. Ostapiuk, L. (2022) The Pathogenetic Concept of the Diagnostic-Treatment Approach for Patients with Purulent-Septic Complications. <i>International</i></p> | |

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| | <p><i>Journal of Clinical Medicine</i>, 13, 1-21. doi: 10.4236/ijcm.2022.131001.</p> <p>2. Ostapiuk L. Modern View on the Problems of the Diagnosis and Treatment of Purulent-inflammatory Diseases and Sepsis in Obstetrics and Gynecological Practice. <i>Acta Scientific Women's Health</i> 3.12 (2021): 08-12.</p> <p>3. Bulavenko O., Ostapiuk L., et al. Problems and Challenges to Women's Reproductive Health in the 21th Century". <i>Acta Scientific Women's Health Special Issue 3</i> (2021): 70-87.</p> | |
| Optional/General comments | <p>I recommend the authors to read [1-3] and to make changes and to add some new important information about this aspects. Valuable in the article is, that the author informs the readers about CRP, procalcitonin, IL-6, lactate and his desire to improve the treatment of a septic patient. I wish the authors success in their future research.</p> <p>The article "Updates in diagnosis and management of purpural sepsis" may be published "Journal of Pharmaceutical Research International" after accounting the recommendations of the reviewer.</p> | |

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

Reviewer Details:

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