

Review Form 1.6

Journal Name:	Asian Journal of Case Reports in Medicine and Health
Manuscript Number:	Ms_AJCRMH_85689
Title of the Manuscript:	Autoimmune hemolytic anemia in a patient with chronic myeloid leukemia: Case report.
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.journalajcrmh.com/index.php/AJCRMH/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>Abstract: Better to write age and gender (like we report a 76 year old male/female....)</p> <p>Introduction Needs to elaborate more in introduction about hemolytic anemia</p> <p>Case presentation: any investigation done to r/o solid malignancy as AIHA can be a paraneoplastic manifestation of cancer (was patient up to date in cancer screening) was it ward or cold AIHA ? as both reported in the literature better to illustrate hemoglobin trend after starting steroid with a graph To comment on other viral infection like CMV and COVID</p> <p>Discussion: “We did not find any cases of AIHA secondary to Imatinib in the literature” Better to be removed as their reported case https://pubmed.ncbi.nlm.nih.gov/14703696/ may need to elaborate more about AIHA mechanism and treatment in discussion</p> <p>Abbreviations must be added</p>	<p>Abstract: Better to write age and gender (like we report a 76 year old male/female....) Note corrected: it had appeared in 76 year old male patient with major molecular response treated by Imatinib.</p> <p>Introduction Needs to elaborate more in introduction about hemolytic anemia Note corrected: Autoimmune hemolytic anemia (AIHA) is a heterogeneous disease [1], due to the destruction of red blood cells by auto-antibodies. It can be idiopathic as it can be secondary to an infectious diseases, drugs, connective tissue disease, solid cancer or lymphoid neoplasm [2]. AIHA is characterized by the presence of anemia, increased of reticulocytes rate, indirect hyperbilirubinemia and the positivity of the direct antiglobulin test (DAT) [2, 3].</p> <p>Case presentation: any investigation done to r/o solid malignancy as AIHA can be a paraneoplastic manifestation of cancer (was patient up to date in cancer screening) The chest CT scanner, abdominal and pelvic ultrasound had been normal. Was it warm or cold AIHA ? Note corrected: it is a warm AIHA because DAT showed anti-IgG without anti-C3. better to illustrate hemoglobin trend after starting steroid with a graph Tabulation of result is added “We did not find any cases of AIHA secondary to Imatinib in the literature” Better to be removed as their reported case https://pubmed.ncbi.nlm.nih.gov/14703696/ Note corrected The AIHA is unusual complication of Imatinib may need to elaborate more about AIHA mechanism and treatment in discussion Note corrected: AIHA mechanism: The AIHA is characterized by the presence of anemia, the biological signs of hemolysis and a positive direct antiglobulin test, the warm AIHA is defined by DAT showed IgG with or without anti-C3 [7]. AIHA can be idiopathic as it can be secondary to an infectious disease, connective tissue disease, medication, solid cancer or hematological malignancy Treatment of AIHA: Discontinue the suspected drug is recommended in the drug induced immune hemolytic anemia, the benefit of corticosteroid is unclear in this disease. In lymphoid neoplasm's AIHA. The choice between AIHA therapies only or in addition with anti-lymphoma therapy should consider the lymphoma type and remission status. In solid organ neoplasia, the surgery is the recommended approach [13]</p> <p>Abbreviations must be added Note corrected: Abbreviations were added</p>
Minor REVISION comments	Grammar to be reviewed again, Reference format should be as per journal guidelines	Grammar to be reviewed again, Reference format should be as per journal guidelines Note corrected

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Optional/General comments		
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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?	(If yes, Kindly please write down the ethical issues here in details)	No