

Review Form 1.6

Journal Name:	Asian Journal of Research in Dermatological Science
Manuscript Number:	Ms_AJRDES_84957
Title of the Manuscript:	ALTERATIONS IN SERUM LEVELS OF URIC ACID, UREA, CREATINE, POTASSIUM AND SODIUM IN YOUNG ADULT FEMALES WITH STRIAE DISTENSAE IN SOUTH EASTERN NIGERIA.
Type of the Article	Original Research 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:

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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>1. The authors should add at least a paragraph in the introduction with related references to support the idea that striae distensae is related to renal functions (or any linking or reason why the author wants to investigate this).</p> <p>2. Analytical Method: I would recommend the authors to rephrase this part as it is not in a format of a scientific article. e.g. "Some of these moves into a high energy state. When these excited atoms fall back to the ground state,..." seems more like the principle of the method rather than the description of the methodology.</p> <p>3. Please explain why creatinine and urea were subjected to correlation analysis but not other parameters? And the authors need to explain more of their findings in the discussion section.</p> <p>4. This study was done in Nigeria, were there any similar studies performed in other countries? If so, the authors may wish to compare their results with this study and discuss them.</p>	<p>[1]Tthis has been added to the introduction section as;</p> <p>A previous report from New Delhi India documented a case of nephrotic syndrome that developed extensive striae Ddistensae while on oral corticosteroid treatment and eventually resulting in bulging of Striae distensae due to preferential accumulation of edema fluid in these weaker skin scars. The renal/kidney function tests; blood urea nitrogen was slightly raised, but serum creatinine was within normal limits. While Urine microscopy showed the heavy proteinuria [16B]. Also, another report from India showed a case of striae distenae in a nephrotic syndrome patient [16C]. However, there is scarcity of information on the renal function indices of striae distensae sufferers globally and particular in a black African population like Nigeria. Thus, this study is geared towards bridging this gap in knowledge.</p> <p>[2] This has been rephrased as :</p> <p>The serum solvent is first aspirated to obtain fine solid particles. These molecules in the solid particles are moved towards the flame to produce gaseous atoms and ions. These ions absorb the energy from the flame get excited to high energy levels from the ground state. But as these ions are unstable, they return back to ground state. While returning they emit characteristic radiation/wavelength (770nm and 590nm for K and Na respectively). The intensity of emitted light is proportional to the concentration of the element. The readings of galvanometer are recorded, and the value traced via a plot graph of concentration against the galvanometer reading to find out the concentration of the element in the sample.</p> <p>[3] Please note that all parameters were subjected to correlation analysis. But Creatine and Urea were treated as independent variables, while the rest of the parameters were treated as dependent variables.</p> <p>[4] This has been addressed in the discussion section as follow;</p> <p>Extensive Literature search shows that no previous study examined the renal function indices in striae distensae subjects. Rather, two case reports [16B,16C] show manifestation of striae distensae in nephrotic syndrome patient. Thus, to the best of authors knowledge, this seems to be the first report on the renal function indices of striae distensae subjects globally and particularly from a Black African population like Nigeria. The observed lower serum sodium in striae distensiae subjects may imply its role in the aetiology and pathogenesis of striae distensae. Though it has not been fully elucidated, sodium may play a beneficiary role in prevention of striae distensae. A current study in year 2021 reported that stretch mark</p>

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		derived fibroblast (SMF) treated with sodium ascorbate and platelet rich plasma (PrP) showed a resumption of their metabolic activity by increase in collagen type 1 production and cell proliferation [23].
Minor REVISION comments	<p>1. A few mistakes in the use of English that needs correction e.g. the misuse of capital letters, the use of prepositions, etc (I have corrected some of them in the manuscript). Please review the manuscript again for corrections.</p> <p>2. Please change the unit "mg/dl" into "mg/dL" (Capitalize the letter "L")</p> <p>3. There is a space between the numerical value and unit symbol, please correct it.</p> <p>4. There is a dissimilarity when mentioning the P-values, "P" or "p"? I would suggest the p is italicized.</p> <p>5. Analytical Methods: "Potassium and sodium solution under carefully controlled conditions,..." is not understandable.</p> <p>6. There is no need to use the bold letter to mention the chemistry parameters eg. sodium.</p> <p>7. In Tables 2 and 3, what does the symbol "*" mean? The authors should add a table legend.</p>	<p>[1] the mistakes in the use of English have been corrected as incated in the text.</p> <p>[2] the Unit has been changed from "mg/dl" to" mg/dL" in the text.</p> <p>[3] The space between the numerical value and unit symbol has been removed in the Text</p> <p>[4] The P-value and p-value has been harmonized as p-value in the text.</p> <p>[5] The phrase; "Potassium and sodium solution under carefully controlled conditions," has been removed in the methodology section.</p> <p>[6] Bold letter used to mention the chemistry parameters eg. Sodium, Potassium etc has been changed to small letters.</p> <p>[7] In Tables 2 and 3, "*" means significant at $p < 0.01$, a table legend has been added.</p>
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)	