

Review Form 1.6

Journal Name:	Journal of Pharmaceutical Research International
Manuscript Number:	Ms_JPRI_84449
Title of the Manuscript:	FREQUENCY OF DIFFERENT CLINICAL PRESENTATIONS OF SYSTEMIC LUPUS ERYTHEMATOSUS IN TERTIARY CARE HOSPITAL
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)
<u>Compulsory</u> REVISION comments	<p>Methods: selected patients were diagnosed with systemic lupus –“as per operational definition” – not clear what this is, usually clinical trials, even if cross-sectional, use one or more sets of classification criteria When Systemic Lupus was defined this phrase was used “All those diagnosed patients of systemic lupus erythematosus who have anti double stranded DNA antibodies” – does it means that only anti dsDNA positive patients were selected? And if so, since no other paraclinical/immunological aspects are mentioned, what is the reason for it? Results: patients were stratified according to age (cut-off of 30) but, besides percentage of patients according to age, no other analysis was conducted (e.g clinical manifestation or clinical features at presentation a according to age group). Same comment for manifestation according to patient's sex. Fatigue was mentioned as most frequent clinical aspect but the validated tool used for fatigue identification was not specified. No lupus activity scale was mentioned.</p>	<p>The known / diagnosed SLE patients were taken previously diagnosed on the basis of ACR criteria. The patients of SLE with double stranded DNA positive were taken (previously diagnosed) The biochemical criteria are more suggestive of SLE as compared to clinical criteria so anti dsDNA were preferred as source of evidence.</p> <p>The demographical presentation was preferred and fatigue observed as most frequent symptom and determined on the basis of clinical history and represent as frequency and percentage. The study is simple cross-sectional to determine the clinical presentation of SLE despite of follow-up visit, monitoring and treatment response.</p>
<u>Minor</u> REVISION comments	<p>Language and spelling check e.g “cross-section study” , “raynaud phenomenon” etc Inclusion/exclusion criteria do not specify if overlap syndromes are took into account Renal manifestations only looked at proteinuria, no other urine abnormalities were evaluated. Did any patients had renal biopsy for confirmation? What is the true relevance of patients marital status?</p>	<p>The grammatical and spelling was corrected. The inclusion criteria are specific and relevant while overlap syndrome was not considered in it. The most common renal presentation observed in our study population is proteinuria while our main objective is to determine the clinical features. The biopsy / other urine abnormalities are not our goals while the marital status was non-significant as far as simple observational study (cross sectional) is concerned.</p>
<u>Optional/General</u> 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?	<i>(If yes, Kindly please write down the ethical issues here in details)</i> Local Ethics Committee approval was not mentioned – was it obtained? Patient’s inform consent was mentioned only at exclusion criteria but it was not clearly stated that it was done according to ethical principles of medical research. Please provide clarification	The informed consent was taken from every patient as per ethical guidelines while the confidentiality of the participants is maintained.