### **Review Form 1.6**

Journal Name:	Asian Hematology Research Journal
Manuscript Number:	Ms_AHRJ_86316
Title of the Manuscript:	Bilateral Ovarian dermoid cysts with persistent anemia and thrombocytopenia in an adult female: A rare case report
Type of the Article	Case report

### **General guideline for Peer Review process:**

This journal's peer review policy states that <u>NO</u> manuscript should be rejected only on the basis of '<u>lack of Novelty'</u>, 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.journalahrj.com/index.php/AHRJ/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)
Compulsory REVISION comments	<ol> <li>Bone marrow biopsies revealed erythroid hyperplasia with megakaryocytopenia-as the authors are considering immune mediated platelet destruction as a cause of thrombocytopenia,how do they explain mgakaryocytopenia as in ITP we expect normal or increased megakaryocytes</li> <li>Kindly mention chief complaints of the patient with which she presented to the hospital and parity index</li> <li>Kindly mention LDH levels if performed as elevation will favour diagnosis of AIHA. Kindly mention coagulation profile too.</li> <li>Whether workup for PNH was considered because patient has pancytopenia with cellular marrow for which PNH is a differential</li> <li>How is MDS ruled out in this case?</li> <li>Kindly mention regarding spleen size as seen on ultrasound.</li> <li>Kindly mention if patient had any exposure to alternative indigenous medicine/heavy metal exposure</li> </ol>	
Minor REVISION comments	<ol> <li>Tumors commonly present with autoimmune paraneoplastic syndromes-kindly provide reference for this statement and which kind of tumours in particular present with autoimmune paraneoplastic syndromes</li> <li>Consider adding ultrasound images of the tumour as seen</li> <li>Hence the patient has been planned for bilateral cyst removal surgery I presume surgery has not yet been done due to low Hb and thrombocytopenia. However, Sustained improvement following excision of the tumour will strengthen the association. Kindly mention whether platelet counts and anemia had a sustained increase after the surgery on follow up(if surgery has been taken up now)</li> </ol>	
Optional/General comments	1.As patient currently has persistent anemia and thrombocytopenia with 1+ ANA positivity would the authors consider performing ANA profile and repeat DCT test	

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## PART 2:

		<b>Author's comment</b> (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)	

### **Reviewer Details:**

Name:	Anirudh Maslekar
Department, University & Country	India

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