

**Review Form 1.6**

Journal Name:	<a href="#">International Journal of Medical and Pharmaceutical Case Reports</a>
Manuscript Number:	Ms_IJMPCR_83340
Title of the Manuscript:	An Atypical Presentation of Vitamin B12 Deficiency with Hemolytic Anemia
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.journalijmpcr.com/index.php/IJMPCR/editorial-policy> )

Review Form 1.6

**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	Work as a whole well proportioned to the analysis of the general causes of Vitamin B12 deficiency, as a result of its presentation as a rare cause of hemolytic anemia, as the authors refer. The statements and conclusions of the study, in my opinion, should be nuanced, with some of the observations that we have noted in the Word work. For the rest, the authors reflect well, this rare cause of vitamin B12 deficiency with hemolytic anemia, which also requires looking for it in the presence of hemolytic anemia.	
<u>Minor</u> REVISION comments	The process of exposure of the causes of vitamin B12 deficiency, discussion, made by the authors, as well as the differential diagnosis and final conclusions, even well exposed in this clinical case, should be extended to the notes that this reviewer has specified in the Word .	
<u>Optional/General</u> comments	Comments Also in Word *Indeed, but given the frequency of vitamin B12 deficiency, especially in the elderly, especially mild or subtle deficiencies, any clinical picture of psychocognitive impairment should be suspected, even mild, as it could still be remedied with treatment. In fact, between 10 and 20% of the population over 60-65 years of age may be deficient in this vitamin. In case of doubtful borderline vitamin B12 levels, determination of elevated methylmalonic acid helps diagnosis. **Autoimmune gastritis (badly called pernicious anemia) is one of the most frequent causes of vitamin B12 deficiency and it is considered that 1.9 to 4% of the population over 60 years of age may have a non-deficient picture, diagnosed or treated by this mechanism. Food-bound vitamin B12 malabsorption is generally due to atrophic gastritis with a prevalence of up to 30% in the Caucasian population over 60 years of age and is associated with Helicobacter pylori infection. ***An added risk in vitamin B12 deficiency in general is receiving folates in patients with B12 deficiency, thus avoiding the appearance of hematological alterations but not neuropsychiatric ones and possibly precipitating the latter, being necessary to know the B12 levels prior to the administration of folate in any person with a possible risk of this deficiency. Bibliographic reference to add: Aguirre Errasti Ciriaco. Reflexiones acerca del diagnóstico de la carencia de vitamina B12. Medicina Clínica 2001. 116; (12) : 457-8.	

Review Form 1.6

**PART 2:**

	<b>Reviewer's comment</b>	<b>Author's comment</b> <i>(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)</i>
<b>Are there ethical issues in this manuscript?</b>	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

**Reviewer Details:**

Name:	<b>Bernardo Ebrí</b>
Department, University & Country	<b>Spain</b>