Review Form 1.6

Journal Name:	**Journal of Pharmaceutical Research International**
Manuscript Number:	**Ms_JPRI_84712**
Title of the Manuscript:	**ANTIMICROBIAL THERAPY: AN IMPORTANT RISK FOR ACQUIRED APLASTIC ANEMIA**
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	1. The author/s state: The eligible cases had at least two of the three criteria with hypocellular bone marrow (1) hemoglobin <10gm/dl (2) platelets count 50x 109 /L (3) neutrophil count 50x 109 /L. No data about the hypocellular bone marrow is provided. Further usually the reticulocyte count is used for a diagnostic criterion, instead of Hemoglobin. The platelet count listed does not indicate > or <, The neutrophil count is probably erroneously listed also. (see under general comments) for some established criteria) Unless acceptable criteria in todays landscape with a reliable reference is provided, the entire study will lack credibility. 2. The causes of Aplastic anaemia are numerous. (See under general comments) Unfortunately these become confounding factors and there is evidence that these were taken into consideration. 3. There are grammatical errors which need to be corrected. For e.g., under abstract: 'Predominat participant….' -- should be 'participants'. Under discussion 2nd sentence: In the current study we didn't found …- 'found' should be replaced 'find'. The entire paper needs to be checked for grammar and syntax.	
Minor REVISION comments		
Optional/General comments	For confirmation of diagnosis, the following conditions were obligatory: peripheral blood (at least two of the following three criteria): (a) hemoglobin, ≤100 g/L, or hematocrit, ≤30%; (b) platelets, ≤50 × 109/L; and (c) leukocytes ≤3.5 × 109/L, or granulocytes, <1.5 × 109/L. For bone marrow to confirm the diagnosis, there had to be an adequate bone marrow biopsy specimen or histology specimen obtained at autopsy showing the following: (a) a decrease in cellularity with the absence or depletion of all hematopoietic cells or normal cellularity due to focal erythroid hyperplasia with depletion of granulopoietic cells and megakaryocytes and (b) the absence of significant fibrosis or neoplastic infiltration. From: **Incidence of aplastic anemia: the relevance of diagnostic criteria. By the International Agranulocytosis and Aplastic Anemia Study. Blood. 1987 Dec;70(6):1718-21.** Proposed diagnostic criteria (both I and II must be fulfilled in the absence of neoplasia): I- At least 2 of the following complete blood count (CBC) findings: granulocytes < 500/L, platelets < 20,000/µL, corrected reticulocyte count < 20.000/µL II- Bone marrow must be either markedly hypoplastic (< 25% of NAAC*) or moderately hypoplastic (25-50% of NAAC*) with <30% of cells being hematopoietic (*NAAC = normal age appropriate cellularity) The modified Camitta criteria are used to assess severity: Severe AA (SAA): Marrow cellularity <25% (or 25–50% with <30% residual haematopoietic cells), plus at least 2 of: (i) neutrophils <500/µL, (ii) platelets <20.000/µL, (iii) reticulocyte count <20.000/µL. Very Severe AA (VSAA): As for SAA but neutrophils <200/µL. Non-severe AA (NSAA): AA not fulfilling the criteria for SAA or VSAA	

	From: **Killick SB, Bown N, Cavenagh J, Dokal I, Foukaneli T, Hill A, Hillmen P, Ireland R, Kulasekararaj A, Mufti G, Snowden JA, Samarasinghe S, Wood A, Marsh JC; British Society for Standards in Haematology. Guidelines for the diagnosis and management of adult aplastic anaemia. Br J Haematol. 2016 Jan;172(2):187-207. [Medline]** **Clucas D, Fox LC, Wood EM, Hong FS, Gibson J, Bajel A, Szer J, Blombery P, McQuilten ZK, Hiwase D, Firkin F, Cole-Sinclair MF; Australian Aplastic Anaemia Registry Steering Committee. Revisiting acquired aplastic anaemia: Current concepts in diagnosis and management. Intern Med J. 2018 Oct 15. [Medline]** Acquired aplastic anemia can begin at any time in life. About 75 out of 100 cases of acquired aplastic anemia are idiopathic. This means they have no known cause. In the remaining cases, the cause can often be linked to: Toxins, such as pesticides, arsenic and benzene Radiation and chemotherapy used to treat cancer Treatments for other autoimmune diseases, such as rheumatoid arthritis and lupus Pregnancy - sometimes, this type of aplastic anemia improves on its own after the woman gives birth Infectious diseases, such as hepatitis, Epstein-Barr virus, cytomegalovirus (si-to-MEG-ah-lo-VI-rus), parvovirus B19 and HIV. Sometimes, cancer from another part of the body can spread to the bone marrow and cause aplastic anemia. From: **https://www.aamds.org/diseases/aplastic-anemia/causes**	

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)*	

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