



SDI Review Form 1.6

Journal Name:	Journal of Advances in Medicine and Medical Research
Manuscript Number:	Ms_JAMMR_48352
Title of the Manuscript:	Correlation of features of Allergic rhinitis and Allergic conjunctivitis with Treatment Modalities
Type of the 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>Introduction: Allergic Rhinitis (AR) is a chronic, symptomatic allergic disorder of the nose that is usually caused by IgE-mediated inflammatory response following exposure to an allergen.</p> <p>The allergen could be in the form of dust, pollen, flower, animal dander, mold, cold, food allergens or insect.</p> <p>Clinically, AR Allergic rhinitis...</p> <p>Allergic rhinitis occurs when there are recurrent nasal symptoms which are reversible either spontaneously or with medication in the preceding one year.</p> <p>nasal congestion or obstruction</p> <p>Previous studies have linked AR Allergic Rhinitis (AR)</p> <p>allergic rhinitis and allergic conjunctivitis.relevant data obtained were analyzed using SPSS</p> <p>with the male to female ratio of almost</p> <p>cobblestones</p> <p>Conclusion: This research was conducted to correlate the features of allergic rhinitis with those of conjunctivitis and common management and preventive measures offered to the patients seen in our clinics.</p> <p>Introduction</p> <p>Allergic Rhinitis (AR) is a chronic, symptomatic allergic disorder of the nose that is caused by IgE-mediated</p>	<p>There are some Allergic Rhinitis produced by non-IgE mechanisms. Vide: NON-IGE-MEDIATED DELAYED IMMUNOREACTIVITY TO HOUSE DUST MITE DEMONSTRATED BY LEUCOCYTE ADHERENCE INHIBITION TEST AND NASAL CHALLENGE TEST – REPORT OF TWO CASES http://www.portal.anchieta.br/revistas-e-livros/saudeemfoco/pdf/revistamultidisciplinardasaude_05.pdf</p> <p>Food allergens can also produce Allergic Rhinitis. Vide: Food Allergy https://www.longdom.org/open-access/food-allergy-2155-6121.S3-004.pdf</p> <p>Be consistent: Allergic Rhinitis... (ever capital or never capital). If you opt for abbreviations, define abbreviations only one time at Abstracts and only one time at main text. Then, use only the abbreviation.</p> <p>When AR occurs, there are recurrent nasal symptoms which are reversible either spontaneously or with medication. (Are you writing about AR or about your particular diagnostic criteria?)</p> <p>nasal congestion and/or nasal obstruction.</p> <p>Define abbreviations only one time at Abstracts and only one time at main text. Then use only the abbreviation.</p> <p>AR and AC. Relevant data... (Please, correct grammatical and typographical errors before sendig the text to peer review)</p> <p>This phrase is not clear. Incomplete</p> <p>Cobblestone is not a universal technical term. Use the medical diagnosis instead: cobblestone-like papillae</p> <p>There is no conclusion. The conclusion is just the objective of the study.</p> <p>There are some Allergic Rhinitis produced by non-IgE mechanisms. Vide: NON-IGE-MEDIATED DELAYED IMMUNOREACTIVITY TO HOUSE DUST MITE DEMONSTRATED BY LEUCOCYTE ADHERENCE INHIBITION TEST AND NASAL CHALLENGE TEST –</p>	



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	<p>inflammatory response following exposure to an allergen.¹ The allergen could be in form of dust, pollen, flower, animal dander, mold, cold or insect.² Clinically, Allergic rhinitis occurs when there are recurrent nasal symptoms which are reversible either spontaneously or with medication in the preceding one year.³ Such symptoms include at least two of the following; excessive sneezing, running nose, nasal itching, nasal discharge, nasal congestion or obstruction.³</p> <p>allergic rhinitis and allergic conjunctivitis. Relevant history was taken and clinical examinations</p> <p>features (Table 1), while the presence of cobblestones is the least and accounted for 5%.</p> <p>RESULTS</p> <p>presentations were nasal polyp (18.4%) and</p> <p>Only about one-tenth of the patients had allergen immunotherapy while all of them had antihistamine</p> <p>Sleep disturbance (Tables 4a & 4b)</p> <p>to be commoner among</p> <p>treatment (Table 2), steroid in 28.9% and allergen immunotherapy treatment in 10.5%.</p> <p>DISCUSSION</p>	<p>REPORT OF TWO CASES</p> <p>http://www.portal.anchieta.br/revistas-e-livros/saudeemfoco/pdf/revistamultidisciplinardasaude_05.pdf</p> <p>Food allergens can also produce Allergic Rhinitis. Vide: Food Allergy https://www.longdom.org/open-access/food-allergy-2155-6121.S3-004.pdf</p> <p>Be consistent: Allergic Rhinitis... (ever capital or never capital). If you opt for abbreviations, define abbreviations only one time at Abstracts and only one time at main text. Then, use only the abbreviation.</p> <p>When AR occurs, there are recurrent nasal symptoms which are reversible either spontaneously or with medication. (Are you writing about AR or about your particular diagnostic criteria?)</p> <p>nasal congestion and/or nasal obstruction.</p> <p>Define abbreviations only one time at Abstracts and only one time at main text. Then use only the abbreviation.</p> <p>AR and AC. Relevant data... (Please, correct grammatical and typographical errors before sending the text to peer review)</p> <p>Features (Table 1) Cobblestone is not a universal technical term. Use the medical diagnosis instead: cobblestone-like papillae</p> <p>There are others typographical errors in the text. I will not be appointing all them. That is not the objective of peer review. Please, correct all.</p> <p>RESULTS</p> <p>nasal polyps</p> <p>Only about one-tenth of the patients had used allergen immunotherapy while all of them had used antihistamine</p> <p>Sleep disturbance (Tables 4a and 4b)</p> <p>To be the most common symptom among</p> <p>treatment (Table 2), while 28.9% of patients were benefited</p>	
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	<p>Allergic conjunctivitis (AC) is an acute or chronic inflammatory disorder of the conjunctiva and other ocular surfaces that are caused by IgE-mediated hypersensitivity reaction to an allergen.^{4,7}</p> <p>The age of the patients seen in our study ranged between 8 and 81 years with a median age of 33 years. Most of them were less than 45 years (63.2%) while the male to female ratio was almost 1:1 (Figure 1).</p> <p>while coble stone was the least common presentation (13.2%) and about half of the patients were treated with VCT</p> <p>AC when co-existed with AR and allergic Asthma is referred to as Allergic Rhinoconjunctivitis</p> <p>An allergic Rhinitis and allergic conjunctivitis disorder follow a pattern of</p> <p>Rhinitis and allergic conjunctivitis disorder follow a pattern of seasonal and perennial forms, although, the pattern of nasal symptoms is mostly of perennial type with a peak incidence during the dry season while the pattern of ocular symptoms is mostly of seasonal type with a peak incidence during the rainy season.</p>	<p>with steroids and 10.5% were benefited with allergen immunotherapy.</p> <p>Allergic conjunctivitis (AC) is an acute or chronic inflammatory disorder of the conjunctiva and other ocular surfaces that are usually caused by IgE-mediated hypersensitivity reaction to an allergen.^{4,7}</p> <p>There are others forms of AC mediated by non-IgE mechanisms.</p> <p>This fit in RESULTS, not in DISCUSSION. Please, do not repeat yourself in the text.</p> <p>Cobblestone is not a universal technical term. Use the medical diagnosis instead: cobblestone-like papillae There are others errors in the text. I will not be appointing all them. That is not the objective of peer review. Please, correct all. Define the abbreviation: VCT</p> <p>AC when co-existed with AR is referred to as Allergic Rhinoconjunctivitis</p> <p>The Rhinoconjunctivites disorder follow...</p> <p>Rhinitis and allergic conjunctivitis disorder follow a pattern of seasonal and perennial forms. The pattern of nasal symptoms is mostly of perennial type with a peak incidence during the dry season while the pattern of ocular symptoms</p>	
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	<p>Correlating the nasal and eye features of our patients revealed disturbance, post nasal drip, and nasal polyp.</p> <p>This category of the patients from treatment with steroid, allergen immunotherapy as well as environmental control.</p> <p>, eye pain was observed to be more among those with</p> <p>(Race, allergic predisposition, family history) and environmental factors (Allergens, air</p> <p>, sleep disturbance was found to be commoner among</p> <p>itching was found to be higher among</p> <p>of AC as 17.5%, AR15.1%, and Rhino-conjunctivitis 13.4%⁴.</p> <p>Conclusion</p> <p>This research was conducted to correlate the features of allergic rhinitis with those of conjunctivitis and common management and preventive measures offered to the patients.</p> <p>Despite working with a lot of data, the authors failed to demonstrated a clear conclusion of the study. The paper need a lot of work yet.</p>	<p>is mostly of seasonal type with a peak incidence during the rainy season</p> <p>The correlation of the nasal and eye features of our patients revealed</p> <p>disturbance, post nasal drip, and nasal polyps, Correct all “polyp” in the text.</p> <p>This phrase is not clear.</p> <p>, eye pain was observed to be more common among those with</p> <p>(race, allergic predisposition, family history) and environmental factors (allergens, air</p> <p>, sleep disturbance was found to the commoner symptom among</p> <p>itching was found to be more common among</p> <p>of AC as 17.5%, AR as 15.1%, and Rhino-conjunctivitis as 13.4%⁴.</p> <p>This is not a conclusion. Please delineate an overall idea of yours findings.</p> <p>The tables are not correctly displayed. They need</p>	
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		reformulation.	
<u>Minor</u> REVISION comments			
<u>Optional/General</u> 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?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

Reviewer Details:

Name:	<i>Celso Eduardo Olivier</i>
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