



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_49248
Title of the Manuscript:	African Skin: Different Types, Needs and Diseases
Type of the Article	Review 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:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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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>1.In this seminar like presentation of Fitzpatrick skin type VI squamous cell carcinoma common in scars and inflammation areas not related to UV radiation.</p> <p>2. the second common is melanoma upto nail bed-proximal to nail bed is subungual melanoma is Hatchisons sign and melanonychia extends beyond proximal nail bed.</p> <p>3.Acral lentegenous melanoma in sole inferior portion eroded is common characterised by ABCDE features in the lesion.</p> <p>4.Psuedofolliculitis barbae and curled hair in scalp is common in Fitzpatrick VI skin due to chemicals and heat straitening equipments, traction develops scarring alopecia.</p> <p>5.dermatosis papulosa nigrans, PIH, keloidlis and keloids are common.</p> <p>7.In Acne complication it is nodular acne- not nodulocystic, because if it is cystic it should be lined with columnar epithelium which is absent.</p> <p>8.In Fitzpatrick VI fibroblast growth factor FGF 7 is more in basal layer, which increases the cellular layers and compactness in this thick epidermis</p> <p>9.In Fitzpatrick 1-2 skin pigmented basal cell carcinoma are common in UV exposed areas of face and neck.</p> <p>The above points can be added as applied anatomy in Fitzpatrick VI.</p>	<p>Reply to Numbers 1, 2, 3 and 9.</p> <p>Squamous cell carcinoma and other malignant skin conditions do occur in skin type VI but are not common. They may be seen in scars and inflammatory areas but are rare here.</p> <p>They particularly occur in Albinos in this environment due to their skin susceptibility to UV damages. This is similar to FitzpatrickI and II Many people in Northern African and some other parts such as South Africa with these skin types suffer from melanoma.</p> <p>Table 2 showed that malignant skin conditions are among the top 10 skin diseases in South Africa. Individual publications used in these review showed the prevalences which were summarised in this review for easycomparison between different regions,.</p> <p>The studies shown in this review in Table 1, are from 4 out of 6 geopolitical zones in Nigeria. They were chosen to represent North, South, East and West of Nigeria for the purpose of comparison.</p> <p>These studies all show that malignant skin condition are not in the top 20 of skin diseases here.</p> <p>They were also not the most prevalent in the top 10 skin diseases in many African countries from reviews of studies conducted there.</p> <p>This implies that the skin type V and VI are indeed less involved in solar damages and malignancies.</p> <p>Many Western studies involving African Americans also confirmed lower incidences.</p> <p>They do occur and this review work shows that they are not common even in scars seen in this environment.</p> <p>Reply to Numbers 4, 5 and 6.</p> <p>Psuedofolliculitis barbae is common and was the 8th most common disease in the column showing the study by Nnoruka et al (Table 1). Curled hair can also be found in Africans but not commomly.</p> <p>Dermatosis papulosa nigrans, PIH, acne keloidalis nuchae and keloids are common. They are usually in the top 20 diseases. They did not appear in the Table 1 because the first 10 diseases were presented. Each publication reported the prevalence of other diseases apart from these top 10 and they can be accessed for the prevalences.</p> <p>Reply to Numbers 7.</p> <p>“nodular acne- not nodulocystic acne” were not used in the article. Acne vulgaris, acne keloidalis nuchae were the terms used in relation to acne.</p> <p>The correction is noted and will be used in future articles.</p>



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		Reply to Number 8: It has been stated in this paragraph under the introduction: “KGF is a member of fibroblast growth factor family (FGF-7) with a distinctive pattern of target-cell specificity which is predominantly epithelial cells leading to their proliferation, migration and morphogenesis. ¹² It <i>induces suprabasal cell proliferation</i> . ¹³ <i>This may account for the increased cellular layers and compactness of the epidermis in black skin.</i> ”
Minor REVISION comments		
Optional/General comments		

PART 2:

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