



SDI Review Form 1.6

Journal Name:	Journal of Advances in Medicine and Medical Research
Manuscript Number:	Ms_JAMMR_49587
Title of the Manuscript:	SERUM VISFATIN IN PRE-ECLAMPSIA AND NORMAL PREGNANCY IN LAGOS, SOUTH-WESTERN NIGERIA.
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:

(<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	<ul style="list-style-type: none"> - Title: My suggestion is "Visfatin: a new marker for preeclampsia?" - Objective: I would never say that the goal of this study was "(...)TO DETERMINE THE ASSOCIATION BETWEEN SERUM VISFATIN LEVELS AND PREECLAMPSIA IN RELATION TO THE SEVERITY OF THE DISEASE." The participants were enrolled at the end of gestation. Probably, early-onset preeclampsia cases did not compose the studied group, taking into account the gestational age of the respondents around 36 or 37 weeks. Although the authors performed an analysis considering severe preeclampsia, it would not be convenient to use the expression "severity of the disease". My suggestion is "to determine the association between serum visfatin levels and preeclampsia. We also performed an analysis in a subgroup characterized as "severe preeclampsia", etc..." - Methodology: It is important to better characterize in which conditions the enrolment has happened. At the end of the first paragraph the authors mentioned something, however I could not understand: was the diagnosis of preeclampsia established at the time of recruitment? Were they taking antihypertensive drugs before the recruitment? - Discussion: Which is the main result? In my point of view is the difference of visfatin levels between preeclampsia and normotensive pregnant women. That is the starting point of the discussion section. Backing to pathophysiology and considering the cohort of the manuscript, composed probably by late-onset cases of preeclampsia in its majority. Another interesting point is the difference between mild and severe preeclampsia cases. The third paragraph (at the end): Please, add a reference. Among the limitations, body mass index is a huge confounder and this should be mentioned at least. 	
Minor REVISION comments	<ul style="list-style-type: none"> - Kindly, preeclampsia should be written in a single way throughout the article. - Background: It is too long! The first paragraph can be summed up. Second and third paragraphs are about pathophysiology and I would emphasise the difference between early and late-onset preeclampsia, highlighting the last one, considering the cohort studied in the manuscript and the results as well. - Results: The authors mentioned 4 intrauterine fetal deaths. Maybe the cause of death should be pointed here. - Table 8: kindly, change the title of this table. Try to use preeclampsia and normotensive group. - Discussion: in the first paragraph the authors said "eclamptic group"; is it correct? In the second paragraph, the sentence started with "another mechanism". Did the authors mention something before regarding to mechanism? 	
Optional/General comments		



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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>	

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