

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 19658

Title: Acute dapsone poisoning in a 3 years old child - case report with review of literature

Reviewer's code: 00502871

Reviewer's country: United States

Science editor: Xue-Mei Gong

Date sent for review: 2015-05-24 10:32

Date reviewed: 2015-06-02 03:20

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is a useful review of Dapsone poisoning and its treatment.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 19658

Title: Acute dapsone poisoning in a 3 years old child - case report with review of literature

Reviewer's code: 00502932

Reviewer's country: United States

Science editor: Xue-Mei Gong

Date sent for review: 2015-05-24 10:32

Date reviewed: 2015-06-02 07:17

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

Needs major revision if to be accepted: 1. Multiple grammatical errors and word choice problems should be addressed by revision, by someone with excellent command of English. 2. The patient's methemoglobin levels should be mentioned in the Case Report section, not deferred till Discussion. 3. The Table needs significant revision. would place the parameters (and units) in the left column, and the numerical results in columns 2 and 3. All non-essential data should be eliminated, only displaying the clinically relevant data.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 19658

Title: Acute dapsone poisoning in a 3 years old child - case report with review of literature

Reviewer's code: 00502799

Reviewer's country: Greece

Science editor: Xue-Mei Gong

Date sent for review: 2015-05-24 10:32

Date reviewed: 2015-05-29 21:42

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> [Y] Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> [Y] Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> [] High priority for publication
<input checked="" type="checkbox"/> [Y] Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> [] Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> [] Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> [] Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Dear Dr. Menon Narayanankutty Sunilkumar , I am glad having the opportunity of reviewing the manuscript No 19658, Acute dapsone poisoning - case report with review of literature. The paper is very interesting. However, some alterations and improvements are needed before the paper is ready for publication. Some comments: 1. ascorbic acid (CELIN-1000 mg) was administered: vitamin C can occasionally reduce cyanosis associated with chronic methemoglobinemia but has no role in treatment of acute acquired methemoglobinemia. 2. ranitidine: Cimetidine, used as a selective inhibitor of N-hydroxylation, may be effective in increasing patient tolerance to dapsone, chronically lowering the methemoglobin level by more than 25 percent. Since it works slowly, cimetidine is not helpful for the management of acute symptomatic methemoglobinemia arising from the use of dapsone. 3. The plasma elimination half - life of dapsone is reported to vary from 10 to 80 h and is dose dependent. Renal excretion of unchanged dapsone is limited to approximately 20% of the administered dose. 4. Oxidation of Fe⁺⁺ to ferric yields MHbA, which does not bind oxygen: In addition, the oxygen affinity of any remaining ferrous hemes in the hemoglobin tetramer is increased.

As a result, the oxygen dissociation curve is "left-shifted". The net effect is that patients with acutely increased concentrations of methemoglobin have a functional anemia (ie, the amount of functional hemoglobin is less than the measured level of total hemoglobin). The circulating methemoglobin-containing hemoglobin molecules are unable to deliver oxygen and the remaining oxyhemoglobin has increased oxygen affinity, resulting in impaired oxygen delivery to the tissues.

5. In this case, an additional dose of methylene blue was given since the MHbA level was high on 5th day (10.2%): Rebound methemoglobinemia as high as 60 percent may occur up to 18 hours after MB administration, due to prolonged absorption of the implicated agent from topical or enteric sites [Guay J. Methemoglobinemia related to local anesthetics: a summary of 242 episodes. *Anesth Analg.* 2009;108(3):837]. Accordingly, it is reasonable to perform serial measurements of methemoglobin levels following treatment with methemoglobinemia in order to evaluate the patient for subsequent worsening and the need for additional treatment. This may be especially true for dapsone-induced methemoglobinemia because of its enterohepatic circulation.

6. Use of topical dapsone as treatment for acne vulgaris has also been associated with methemoglobin levels as high as 20 percent. [Swartzentruber GS, Yanta JH, Pizon AF Methemoglobinemia as a complication of topical dapsone. *N Engl J Med.* 2015 Jan;372(5):491. A simple bedside test is to place one or two drops of the patient's blood on white filter paper. The chocolate brown appearance of methemoglobin does not change with time, whereas deoxygenated hemoglobin appears dark red or violet initially but brightens after exposure to air. Gently blowing supplemental oxygen on the filter paper hastens the reaction with deoxygenated hemoglobin but does not affect the color of methemoglobin. While clinically important, this bedside test should be confirmed with a laboratory determination of the methemoglobin level. [Haymond S, Cariappa R, Eby CS, Scott Laboratory assessment of oxygenation in methemoglobinemia. *Clin Chem.* 2005 Feb;51(2):434-44 & Wright RO, Lewander WJ, Woolf AD Methemoglobinemia: etiology, pharmacology, and clinical management. *Ann Emerg Med.* 1999;34(5):646].

7. Standard pulse oximeters measure tissue transmission at two wavelengths (660 and 940 nanometers) to determine arterial oxygen saturation as the ratio of oxyhemoglobin to total hemoglobin, and are not reliable when methemoglobin and other hemoglobin derivatives are present. Accordingly, routine pulse oximetry is generally inaccurate for monitoring oxygen saturation in the presence of methemoglobinemia, and should not be used t