

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Clinical Pediatrics

ESPS manuscript NO: 15016

Title: The Spectrum of Complicated Migraine in Children: A common profile in aid to clinical diagnosis

Reviewer code: 00503182

Science editor: Yue-Li Tian

Date sent for review: 2014-11-04 18:24

Date reviewed: 2014-11-08 02:44

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input checked="" 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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Arrangements of tables must be done to be compatible with A4 size, some extend beyond the edge of pages!!!!!!

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Clinical Pediatrics

ESPS manuscript NO: 15016

Title: The Spectrum of Complicated Migraine in Children: A common profile in aid to clinical diagnosis

Reviewer code: 00646241

Science editor: Yue-Li Tian

Date sent for review: 2014-11-04 18:24

Date reviewed: 2014-11-09 21:52

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

In their paper, "The Spectrum of Complicated Migraine in Children: A common profile in aid to clinical diagnosis", Gupta and colleagues present a review on the given subject, the work contains a lot of interesting information, however, sometimes it is a bit difficult to read, since it appears not optimally organized, and, for the language, a native speaker might point to some possible improvements. First, the authors intend to explain definitions, which is very helpful. If I understand correctly, they propose to define three subtypes of migraine, i.e. migraine without aura, migraine with aura, and complicated migraine. Migraine without aura means just typical headache, migraine with aura means typical headache plus neurological symptoms, and complicated migraine means neurological symptoms without headache (at least no significant headache). If this is correct, this is in slight incongruence to the current ICHD-3 code, in which the diagnosis of migraine is subclassified into 1.1 Migraine without aura, 1.2 Migraine with aura, 1.3 Chronic migraine, 1.4 Complications of migraine, 1.5 Probable migraine, and 1.6 Episodic syndromes that may be associated with migraine. Although definitions are discussed by Gupta et al. throughout the chapters 1., 2., and 3. – it is still not easy to understand from the text, how the authors propose to subgroup the rare migraine variants now. For example, they state that status migrainosus does not belong to complicated migraine, however, they do not tell either to which subcategory this subtype should be grouped, or whether it should still remain as a separate entity. Since the authors' definition of complicated migraine

becomes not quite clear in the text, their following review is also not very easy to read (which may also be due to language problems, since some sentences just seem to have grammar problems, see below, minor points). The authors refer to some very novel concepts of migraine pathophysiology (cortical spreading depression) without going into detail; this would be helpful since to my knowledge the exact role of cortical spreading depression (cause, component or consequence of migraine) is not yet fully elucidated. So, in conclusion, the work contains very much information, but has to be reorganized substantially to be easily readable for the non-specialist. In the current form, in my view it is not publishable. Some minor points (selection): p. 4: Department visit. Their clinical presentations are variable – better: ...visit. Its clinical... (singular) p.5: In pediatric neurology hospital practice, Complicated migraines are the second most common cause after seizures for Emergency Department visit. – better: ...practice, complicated migraines... further: is it really true that complicated migraine is thus frequent? Is there any reference? p.10: Age and Sex - here, the authors quote a work describing subtypes of headache. However, as they say, headache is not a relevant symptom in complicated migraine. For the assumption that complicated migraine peaks with young adult females, no reference is given. Further, the sentence that nearly all patients are female (p. 12) should be explained here. Age distribution should also be explained more clearly. p. 11: Headache in complicated migraine is not a presenting symptom. However, it may occur before, during, or after the presenting feature. In this respect complicated migraine as a subgroup of migraine can be seen as a “typical aura without headache” – this is a bit confusing: are there some cases which have headache without headache? p. 12: On the whole, female sex and a family history of migraine may occur in migraine, but it is almost always present in children with complicated migraine – if I understand correctly, complicated migraine occurs exclusively in females, is there a reference for this? p. 12.: characterized – better: characterized p. 12: complicard – better: complicate p 14: HaNDL syndrome – what is this? - should be

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Name of journal: World Journal of Clinical Pediatrics

ESPS manuscript NO: 15016

Title: The Spectrum of Complicated Migraine in Children: A common profile in aid to clinical diagnosis

Reviewer code: 00036951

Science editor: Yue-Li Tian

Date sent for review: 2014-11-04 18:24

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The paper is complete in this version.