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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Pediatrics

ESPS manuscript NO: 21889

Title: Novel insights in the management of sickle cell disease in childhood

Reviewer's code: 02939706

Reviewer's country: Turkey

Science editor: Yue-Li Tian

Date sent for review: 2015-07-31 13:48

Date reviewed: 2015-08-04 07:19

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [Y] Accept
<input type="checkbox"/> Grade B: Very good	<input 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"/> 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 checked="" type="checkbox"/> [Y] 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 checked="" type="checkbox"/> [Y] No	

COMMENTS TO AUTHORS

Dear Author(s), It can be accepted after minor language polishing and a little shortening. Regards,



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Pediatrics

ESPS manuscript NO: 21889

Title: Novel insights in the management of sickle cell disease in childhood

Reviewer’s code: 00646241

Reviewer’s country: Germany

Science editor: Yue-Li Tian

Date sent for review: 2015-07-31 13:48

Date reviewed: 2015-09-13 07:44

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

In their work - ? Novel insights in the management of Sickle Cell Disease in childhood “ - the authors Iughetti and co-workes give a detailed and informative overview and review on the subject. In particular, details of pathophysiology and practical advice for acute clinical distress conditions are given in a competent and comprehensive manner. Further, indications for Hydroxyurea treatment and transplantation are explained clearly. What still is lacking in the paper is some more information about abdominal or other crises of sickle cell diease besides pain, lung and cerebral problems, e.g. “Girdle syndrome”, splenic sequestration, liver infarction, priapism and so forth. Otherwise, the work is very helpful and should thus be published after completion. The language is perfect. minor points: in page 7, typical pulmonary infections in sickle cell diease are mentioned. It should be added in which country the study was performed, since infections may differ greatly depending on the climate. in page 15 it should be explained which patient age is optimal fpr bone marrow transplantation.