

Review report

BSMMUJ-17.3 – 73372

Clinical evaluation of skin lesions among systemic lupus erythematosus patients: Experience from a tertiary care centre
Haider MZ *et al.* (drziaulhaider@hotmail.com)

REVIEW COMMENTS		AUTHOR RESPONSE
A. Technical review		
Comments sent to the author (Date: 6-Jul-24)		Date: 10-Jul-24
Reviewer's name: B		[Note: Please response if the score is below 6]
ORCID: -		
Date assigned: 22-Jun-24		
Date submitted: 6-Jul-24		
Do you have any conflict of interest with the author/s? No		
Do you wish to be disclosed to the author? No		
	Score	
How would you rate the originality and depth of the manuscript?	8	
Is the manuscript written in a scholarly manner?	7	-
Does the manuscript have the potential to make a valuable contribution to the world of knowledge?	7	-
Does the manuscript meet ethical standards?	9	-
1. Please use a comma between the reference numbers when there are multiple references in the text used in a single line.		Commas have been used between the references.
2. Please correct the line and paragraph spacing throughout the article.		The line and paragraph spacing was corrected according to your suggestions.
3. Line 3 - Please omit the 'full stop'.		The 'full stop' was omitted from the 3rd line now it looks like "Skin lesions among SLE patients"
4. Line 37,51,80,89,107 – start the lupus with a small letter.		The suggested correction done at line 37,51,80,89,107 accordingly. After correction these look like 'lupus-specific and non-specific skin lesions along with skin infection', "Common lupus-specific lesions were malar rash", "lupus panniculitis/lupus profundus", "lupus non-specific skin lesions", Active lupus influences the onset of mucocutaneous infection", at line 37, 52, 80, 92 and 107 respectively.
5. Line 40,98 – Start rheumatology with a small letter.		After correcting the word now it look like "rheumatology at Bangabandhu Sheikh Mujib Medical University (BSMMU)", and "outpatient and inpatient department of rheumatology" at page 40 and 117 respectively.
6. Line 44- 'Nonspecific and lesions related to infections' may be 'nonspecific lesions and those related to infections'.		According to your suggestions it was corrected. Now it looks like, "non-specific lesions and skin lesions related to infections were confirmed by a dermatologist"
7. Line 46- please put a 'were' after the word 'characteristics'. Please add 'number, mean and median, as appropriate'.		After corrections now it looks like" Patients' characteristics were expressed in number, mean and median as appropriate and the frequency of identified lesions was expressed in percentage"
8. Line 52,188,190 – please correct the spelling 'scarring'.		The spelling was corrected now the word looks like "scarring" at line 53, 207 and 209.

REVIEW COMMENTS		AUTHOR RESPONSE
9. Line 60 – Please omit the extra word ‘lesions’ prior to the word ‘skin’.		The extra word was ‘lesions’ was omitted according to your suggestions now it looks like “non-specific skin lesions were frequent among the SLE patients” at line 60
10. Line 62 – please correct the typing mistake of ‘common’.		The typing mistake was corrected of ‘common’ at the line 62.
11. Please rewrite the description of different types of skin lesions briefly in the ‘Introduction’ segment and in a clear and specified way in ‘Materials and methods’.		It was done according to your kind suggestions.
12. Line 106- please add both ‘LE specific and nonspecific’.		The word ‘both’ was added according to your kind suggestions. Now it looks like “both LE-specific and LE-nonspecific skin lesions were recorded” at line 26.
13. Line 106, 107 – why the infections were included in nonspecific lesions?		Sorry, it was an error of omissions. After the correction the sentence looks like “skin infections were not recorded as lupus nonspecific skin lesions in this study” at line 128.
14. Line 124,130 – please add (\pm SD) with mean and median, as appropriate.		After the correction according to your suggestions now the sentence looks like “Patient characteristics were expressed in number, \pm SD with mean and median as appropriate, and the frequency of identified lesions was expressed in percentage” at line 144
15. Line 127- please write comparisons between categorical variables.		After the corrections now it looks like “Comparison between categorical variables were performed using the chi-square test” at line 147.
16. In the ‘Result’ segment, please rewrite all the numbers in a similar pattern N (%).		The sections was rewritten as per your suggestions.
17. Line 183- add % with 31.		% was added with 31 according to your suggestions now it is at line 201.
18. Line 187 – please add ‘it was’ after ‘however’.		After correction now it looks like “However, it was lower than that of another study (95%) conducted in Bangladesh” at line 205.
19. Please use the symbols used in the footnote of the tables following the sequence in the author guideline of this journal.		Symbols used in the footnote of the tables were corrected according to your suggestions.
20. In table 1, please mention in the footnote that all the values of the 3rd columns are not frequency (%) values.		The table 1 was reconstructed for more clarification.
21. Please review the horizontal lines of Table 2.		The horizontal line of table 2 was reviewed and corrected according to your kind suggestions.
22. Please make the n small letter in the legend of table 3.		It was corrected according tour suggestions.
23. In the <i>P</i> value of ‘residence’ row, there is an extra point mark (0.890).		It was corrected now it looks as “0.890” at p value of the ‘residence’ row of the table 3.
24. Please make the <i>P</i> of <i>P</i> value italic in the text and tables.		<i>P</i> of <i>P</i> value was corrected to italic in the text and the table according to your suggestions.
Reviewer’s Recommendation: Revisions Required		
Reviewer’s name: Mohammed Saiful Islam Bhuiyan		
ORCID: 0000-0001-8532-4992		
Date assigned: 22-Jun-24		
Date submitted: 29-Mar-24		
Do you have any conflict of interest with the author/s? No		
Do you wish to be disclosed to the author? Yes		
	Score	[Note: Please response if the score is below 6]
How would you rate the originality and depth of the manuscript?	5	We revised the findings of the manuscript and tried to explain to reflect the originality of the work.
Is the manuscript written in a scholarly manner?	6	-

REVIEW COMMENTS		AUTHOR RESPONSE
Does the manuscript have the potential to make a valuable contribution to the world of knowledge?	5	We revised the findings and tried to address such points which may contribute to the world of knowledge.
How would you rate the originality and depth of the manuscript?	7	-
Overview: 'Clinical Evaluation of Skin Lesions among Systemic Lupus Erythematosus Patients: Experience from a Tertiary Care Centre' is a prospective cohort study carried out on 136 consecutive patients of SLE diagnosed according to ACR criteria and followed up for one year. Specific and non-specific skin lesions and infections were recorded and analyzed.		-
1. Line 100: The cases of SLE were selected according to ACR criteria and oral ulcer is one important and specific cutaneous criterion (among 4) but it is not addressed anywhere. Would you please explain?		As you rightly mentioned oral ulcers and specific cutaneous lesions are important criteria in ACR criteria for SLE, we properly addressed these criteria during the inclusion of the patients in our study as well as during the follow up period. Whenever the oral ulcer and specific cutaneous lesion were found, then it was noted.
2. Line 106: Please describe the Gilham classification.		The classification was added according to your suggestions.
3. Line 165-167: "Patients' enrollment in a tertiary care hospital might be the cause of this dissimilarity. Our observation from the SLE clinic is that male patients are less frequently visited than females until they become badly ill." Please explain, how enrollment in tertiary care hospitals creates gender disparity. You may cite a published observation if you have.		As there was only one established SLE clinic at the Department of Rheumatology, BSMMU in the country during the study period and SLE is more prevalent in females in society, patients suffering from SLE in different parts of the country regularly visited the clinic. There is no published data from our country on gender disparity in outpatient service, but there is a Korean study (https://pure.rug.nl/ws/portalfiles/portal/44446638/jwh.2016.5771.pdf) that found that Women used outpatient services more often than men.
4. Line 221-222: Please mention the confirmation process (microscopy/culture/molecular) of Tinea (in methods). How did you conclude that the higher rate of tinea is related with SLE? Have you compared the rate of tinea infection in SLE patients with non-lupus subjects? In South Asia, there is an ongoing epidemic-like situation which you should address and compare it with your findings to relate with SLE.		We have mentioned in lines 10-11" Skin lesions and infections were initially evaluated by the investigator clinically and confirmed by a dermatologist. Suspicious skin infection was only recorded when it was confirmed by available laboratory facilities." We didn't compare the rate of tinea infection in SLE patients with non-lupus subjects. We have addressed, "Bangladesh is a hot and humid country and SLE somehow is an immunocompromised state which may be the cause to develop tinea versicolor; besides its prevalence is also high (12.81%) in the general population" considering the endemic situation tinea.
5. Table 3: Can you please justify the role of religion, occupation, residence, marital status and educational status with cutaneous features of SLE?		There is no role of religion, occupation, residence, marital status or educational status with cutaneous features of SLE. However, as we searched for skin infections, we thought that there might be an increased frequency of infections in rural areas, among people with low socioeconomic status, and in patients who work with household work along with excessive use of water. So, these data were collected for analysis.
6. Figure: Have you taken the consent of the patient for taking and publishing his photograph? If taken please mention it in the ethical part.		We have taken consent of the patient for publishing the photograph of our patients. According to your suggestion, it was mentioned in lines 103-104.
7. Abstract: Please mention the study period.		Due to the limitations of word counts provided by the journal the study period couldn't be mentioned.
Reviewer's recommendation: Revisions Required		

REVIEW COMMENTS	AUTHOR RESPONSE
Executive editor's name: M Mostafa Zaman	
ORCID: 0000-0002-1736-1342	
1. The title page should have a word count of the abstract and the main text	The word count of the abstract and the main text were mentioned in line 27-28.
2. The elimination and conclusion could be placed in a single heading of the Conclusion. Very small paragraphs should be avoided.	Limitations and the Conclusions were placed in a single heading at line 259.
3. Author contribution should follow the Journal's style.	Author contribution was rewritten according to the journal style at line 268-272.
4. Reference: Use no more than 40 references.	The references were limited to 40 according to your suggestions.
5. Table 1 has mean +/- SD, median and range under the column heading of categories. Please revise this. Cut-off points for normal values should be given in the footnote.	The Table was revised and reconstructed. Cut-off points for normal values were given in the footnote according to your suggestions.
6. Table 3: Why do we need so many indicators? What is the relevance of marital status, religion, and urban-rural residence? Given a small sample size, why are so many educational categories needed? Secondary and more than secondary categories could be merged.	Religion, occupation, residence, marital status or educational status are not relevant to cutaneous features of SLE. However as we searched for skin infections, we thought that there might be an increased frequency of infections in rural areas, among people with low socioeconomic status, people with low educational status and in patients who work with household work along with excessive use of water. Moreover, Poor education and occupational status may lead to a lack of awareness. Urban people often maintain good hygiene. Though statistically not significant, we assumed initially that these factors may contribute to the high infection rate in the lupus patients. According to your comment Secondary and more than secondary categories were merged.
7. Figure 1: The legend indicates numbers and percentages, whereas no number exists.	Corrected according to your suggestions.
8. Figures 2 and 3 could be merged.	Figures 2 and 3 have been merged.
Executive editor's decision: Revision Required	

B. Editorial decision	Date: 31-Jul-24
Final editorial decision: Conditional acceptance	

Editorial Clarifications	
Executive editor's name: M Mostafa Zaman	
ORCID: 0000-0002-1736-1342	
Comments sent to author (Date: 14-Aug-24)	Date: 27-Aug-24
1. The Discussion section needs a closer look. It basically compared various features of SLE with data from other populations. So many comparisons are given without discussing their implication in clinical and public health implications. This is so boring to read. Make it clear why people should read it and how they can use the findings of this paper. You have to answer the SO WHAT question from the readers.	The discussion section has been revised accordingly.
2. What is the pathophysiology/biology of these findings? Why should the readers take the findings seriously?	The pathophysiology has been described in the discussion section.