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| Journal Name: | [**International Journal of Medical and Pharmaceutical Case Reports**](https://journalijmpcr.com/index.php/IJMPCR) |
| Manuscript Number: | **Ms\_IJMPCR\_140867** |
| Title of the Manuscript: | **Overlapping Stevens-Johnson Syndrome and Staphylococcal Scalded Skin Syndrome in a 3-Year-Old Child: A Rare Pediatric Dermatologic Emergency** |
| Type of the Article | **Case report** |

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| PART 1: Comments | | |
|  | Reviewer’s comment **Artificial Intelligence (AI) generated or assisted review comments are strictly prohibited during peer review.** | **Author’s Feedback** (It is mandatory that authors should write his/her feedback here) |
| **Please write a few sentences regarding the importance of this manuscript for the scientific community. A minimum of 3-4 sentences may be required for this part.** | SJS and SSSS are uncommon, serious skin diseases, that are not easily diagnosed. This case report presents two dermatoses occurring in the same patient, which is a very unusual finding, hence, it would elucidate how to differentiate clinically between these two rare entities. The signs and symptoms, and well as the management, are well described, which might help physicians manage similar cases more easily if they ever encounter a case of either SJS or SSSS later in their career. | Stevens-Johnson Syndrome (SJS) and Staphylococcal Scalded Skin Syndrome (SSSS) are rare, life-threatening dermatologic emergencies, especially in the paediatric population. The uniqueness of this case lies in the overlapping presentation of both conditions in a single child, which is extremely rare and challenging to diagnose. This report emphasizes the key clinical differences and early management strategies, providing valuable insights to healthcare professionals in resource-limited settings. This case will help clinicians better differentiate and manage these severe conditions promptly. |
| **Is the title of the article suitable?**  **(If not please suggest an alternative title)** | In the title, please write “three-year-old” in letters instead of “3-year-old”. | 3 year old has been changed to three year old. |
| Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here. | 1. In the sections “aims” and “presentation of case”, please write “three-year-old” in letters instead of “3-year-old”. 2. In the section “presentation of case”, avoid repeating “perioral” and “around the mouth” when citing the signs and symptoms. Instead, write it as follows: “complaints of fever, with perioral pain, crusting, and vesicles”. Bonus: The removal of “around the mouth” not only avoids repetition, but also helps reduce the number of words in the abstract. 3. If the word count is still acceptable, write “body surface area” instead of BSA, as this abbreviation is being used for the first time in the abstract, and is not a very commonly used abbreviation in the medical field. | I have made the change in the abstract |
| Is the manuscript scientifically, correct? Please write here. | 1. Throughout the whole manuscript, always write “*Staphylococcus aureus*” in italic. 2. Throughout the whole manuscript, always use “three-year-old” instead of “3-year-old”. 3. In the last sentence in the introduction, add the word “and” before the word “managed”, as follows: “complicated by impetigo, and managed...”. 4. Use “amoxicillin-clavulanic acid “instead of “amoxiclav”, as the former is a more scientific way of writing the name of the antibiotic. 5. In the section “past medical history”, write “managed as outpatient” instead of “managed outpatient”. 6. When mentioning the treatment, avoid using the abbreviation “TDS”, as it is not always recognized in the medical field. Instead, write “three times daily”. 7. In the discussion, replace “which can make diagnosis” by “which can make the diagnosis”. | I have made all the changes suggested by reviewer. |
| **Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.** | 1. The references are sufficient, but references 4 and 7 (especially 7, which dates from 1971), date since more than 10 years, and it is recommended to use newer references instead. 2. Since the diagnosis of SJS was not confirmed by a biopsy due to limited resources, describe the findings that are normally seen if a biopsy was done. Also, explain better the pathogenesis of SJS and clarify the mechanism of the disease, as this part was not well detailed in the manuscript. The following references are recommended to explain the biopsy findings and pathogenesis of SJS:   https://doi.org/10.1186/s41038-019-0153-4  <https://doi.org/10.7759/cureus.49608> | I have included the additions |
| Is the language/English quality of the article suitable for scholarly communications? | If the authors follow the comments written above and correct the mentioned mistakes, the article would have a sufficiently good English level. | I have made all the changes |
| Optional/General comments | Since no skin biopsy or microbiological studies were done due to limited resources, it would be better to publish some pictures of the lesions (if feasible) to provide some evidence of the skin findings (definitely after taking a consent from the patient’s parents). | Clinical image was not available but parental consent was obtained |

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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?** | *(If yes, Kindly please write down the ethical issues here in details)* | There are no ethical issues and parental consent was obtained |