

## REVIEWER'S REPORT

Manuscript No.: IJAR-53588

Date: 28-08-2025

**Title: A CLINICO PATHOLOGICAL STUDY OF ERYTHRODERMA AT A TERTIARY CARE CENTER**

### Recommendation:

Accept as it is .....

Accept after minor revision.....✓.....

Accept after major revision .....

Do not accept (*Reasons below*) .....

Rating	Excel.	Good	Fair	Poor
Originality		✓		
Techn. Quality		✓		
Clarity			✓	
Significance		✓		

Reviewer Name: Mr. Shashi Prakash

Date: 29-08-2025

### Reviewer's Comment for Publication.

*(To be published with the manuscript in the journal)*

*The reviewer is requested to provide a brief comment (3-4 lines) highlighting the significance, strengths, or key insights of the manuscript. This comment will be Displayed in the journal publication alongside with the reviewers name.*

The study offers useful clinicopathological observations on erythroderma in an Indian tertiary care centre for five years, with psoriasis being the leading etiology and underlining the difficulty in diagnosis in idiopathic cases. The robustness of the study is enhanced by large case series and histopathological correlations. Revisions are, however, required for better clarity, organization, and presentation of data before publication.

### *Detailed Reviewer's Report*

The title is concise and informative. If an abstract is to be inserted later, it should briefly describe objectives, methods, main results (percentages), and conclusions. Recommend citing explicit numbers on demographic profile, significant etiologies, and histopathology features in order to attract readers' attention.

## **REVIEWER'S REPORT**

Introduction is clear with historical context and relevance, yet some sentences require smoothing and grammatical touch (e.g., "a condition characterized by" → "characterized by"). Offer recent references on Indian and global epidemiology. Recommend emphasizing why this study addresses a gap (histopathological analysis in Indian population, regional data scarcity).

Materials and Methods states retrospective design, ethical approval, and variables retrieved. Recommend reorganization for flow: study design, duration, setting, data collection, inclusion/exclusion criteria, statistical methods. Define age range ("The age range was \_\_\_, mean age \_\_\_" is not complete). Use consistent terminology (ACD vs allergic contact dermatitis) and define how biopsies were processed/read (e.g., blinded dermatopathologist?).

In results data is thorough but requires better formatting to be readable. Figures/tables should have captions, legends, and consistent units (e.g., "Pruritis" → "Pruritus"). Mention statistical tests employed. Explain "Non-specific dermatitis (33.33%)" vs idiopathic group.

Discussion is appropriately structured with reference to earlier studies, underlining concordance and discordance. Emphasize why there are more idiopathic cases in this group and potential regional explanations. Mention therapeutic and prognostic significance of histopathological results (e.g., use of sequential biopsies).

Conclusion is brief and in line with findings. Suggest inclusion of one sentence indicating how the findings can inform future research or clinical practice (e.g., early referral to dermatology, specific biopsy approach).

Tables are useful but lack consistency: use consistent decimal points, percentage signs, and column line up. Legend for figures (e.g., "Fig. 1 Age and gender distribution") should be explained. Think about combining epidemiological and symptom profiles into a single summary table for simplicity.