

REVIEWER'S REPORT

Manuscript No.: IJAR-55439

Title: Systemic complications of Intravenous drug Use: North East India experience

Recommendation:

Accept as it isYES.....

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: PROF. DR DILLIP KUMAR MOHAPATRA

Detailed Reviewer's Report

Title

Systemic Complications of Intravenous Drug Use: North East India Experience

1. Overall Assessment

The manuscript presents a **prospective case series** describing the spectrum of systemic complications among intravenous drug users (IVDUs) admitted to a tertiary care hospital in Tripura, Northeast India. The topic is **clinically relevant and regionally important**, especially given the rising burden of intravenous drug abuse in the Northeast region. The study adds **local clinical data** to a field dominated by Western literature.

However, the manuscript has **methodological and presentation limitations**, particularly the **small sample size**, lack of statistical analysis, and language/structural issues, which need attention before publication.

2. Strengths of the Study

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Regional relevance

Very few Indian studies, especially from **Tripura/Northeast India**, document systemic complications of IVDU in hospitalized patients.

Provides real-world data from a tertiary care setting.

Prospective design

Data were collected prospectively, which reduces recall bias compared to retrospective studies.

Comprehensive clinical evaluation

Wide range of investigations performed (CBC, LFT, KFT, serology, imaging, echocardiography, angiography).

Covers multiple organ systems: cardiovascular, pulmonary, neurological, renal, and infectious.

Clinical significance

High prevalence of **HIV, HCV, infective endocarditis, septic pulmonary emboli, and mortality (30%)** highlights the seriousness of the problem.

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Public health implications

Emphasizes harm reduction strategies such as needle exchange, opioid substitution therapy, and routine screening.

3. Weaknesses / Limitations

Very small sample size (n = 10)

Limits generalizability.

No inferential statistics possible.

Findings should be interpreted as **descriptive observations only**.

Short study duration (4 months)

Does not capture seasonal or long-term trends.

Lack of control or comparison group

No comparison with non-IV drug users or outpatient IVDUs.

No statistical analysis

Percentages are presented, but no confidence intervals or statistical comparisons.

Mortality associations are descriptive rather than analytical.

Methodological clarity issues

Ethical clearance number not mentioned.

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Consent procedure not clearly described.

Definitions of complications (e.g., criteria for infective endocarditis, renal failure) are not specified.

Language and formatting issues

Grammatical errors and typographical mistakes throughout the manuscript.

Inconsistent formatting of tables and references.

Some repetition between Results and Discussion sections.

Table placement and clarity

Table appears embedded within the discussion text.

Column headings and alignment need correction.

4. Scientific and Clinical Significance

The study highlights that IV drug use in Northeast India is associated with severe, multisystem, and often fatal complications.

Demonstrates an alarmingly high burden of blood-borne infections (100%) among hospitalized IVDUs.

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Reinforces the urgent need for:

Early diagnosis of infective endocarditis and pulmonary complications.

Strengthening harm-reduction and de-addiction services in the region.

Though limited in scale, the study serves as **preliminary evidence** and can act as a foundation for larger multicentric studies.

5. Key Points / Key Messages

Intravenous drug use leads to **multisystem involvement** with high morbidity and mortality.

Blood-borne infections (HIV, HCV, HBV) are extremely common among IVDUs in Tripura.

Infective endocarditis and septic pulmonary emboli are major life-threatening complications.

Mortality rate of 30% underscores the severity of disease among hospitalized IVDUs.

Harm reduction strategies, routine screening, and early multidisciplinary management are essential.

More **large-scale, long-term Indian studies** are urgently required.