



Paper: “Hernie De Amyand Compliquee De Gangrene De Fournier : A Propos D’un Cas Et Revue De La Litterature”

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Doi: 10.19044/esj.2020.v16n18p209

Peer review:

Reviewer 1: Kokou Kanassoua Université De Kara, Togo

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Published: 30.06.2020

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<p>Manuscript Title: HERNIE D'AMYAND COMPLIQUEE DE GANGRENE DE FOURNIER : A PROPOS D'UN CAS ET REVUE DE LA LITTERATURE</p> <p>AMYAND'S HERNIA CAUSING A FOURNIER'S GANGRENE: A CASE REPORT AND REVIEW OF THE LITTERATURE</p>	
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<i>Questions</i>	<i>Rating Result</i>
	[Poor] 1-5 [Excellent]
1. The title is clear and it is adequate to the content of the article.	5
<i>Harmonization of words: Hernie de Amyand/Amyand hernia</i>	

2. The abstract clearly presents objects, methods and results.	5
<i>Appropriate</i>	
3. There are few grammatical errors and spelling mistakes in this article.	4
<i>Some minor errors to correct</i>	
4. The study methods are explained clearly.	5
<i>The methods are clear</i>	
5. The body of the paper is clear and does not contain errors.	4
<i>The body of the paper is clear but some revisions are needed</i>	
6. The conclusions or summary are accurate and supported by the content.	5
<i>accurate</i>	
7. The references are comprehensive and appropriate.	5
<i>appropriate</i>	

Overall Recommendation(mark an X with your recommendation) :

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Accepted, minor revision needed	X
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Comments and Suggestions to the Author(s):

Le texte en **rouge** correspond à des propositions faites pour modifications éventuelles.

Les mots **surlignés** peuvent être supprimés ou remplacés sans altération du contenu de l'article

Harmoniser la dénomination dans le texte : hernie de Amyand

Temps des verbes: dans le résumé et l'observation utiliser le passé simple et l'imparfait, éviter l'usage du présent de l'indicatif

Liste des mots clés : vu que le patient est polyopathologique, utiliser le terme comorbidité à la place de cardiopathie

Eviter si possible le style télégraphique. Faire des phrases complètes

Figure 1B : mettre une flèche montrant le thrombus ventriculaire ?

Dans la discussion : écrire 0,13% au lieu de 0.13%

L'état hémodynamique, le choc septique et les comorbidités nécessitent une chirurgie écourtée. Ceci permet de poursuivre l'intervention ultérieurement après amélioration de l'état du patient.

L'évolution de la gangrène de Fournier est souvent fulgurante. C'est une nécrose ischémique (fasciite nécrosante) par oblitération vasculaire sous cutanée. La nécrose et l'ischémie favorise l'effet synergique de la bactérie. Cette coagulation intravasculaire est localisée et autoentretenu.

Comments and Suggestions to the Editors Only: