Corresponding Author: Gro Bi André Marius

Peer review:

Reviewer 1: Belamalem Souad
University Ibn Tofail, Morocco

Reviewer 2: Alain Ouermi
ULBO, Ouahigouya, Burkina Faso

Reviewer 3: Blinded

ESJ *Manuscript Evaluation Form 2025*
This form is designed to summarize the manuscript peer review that you have completed and to ensure that you have considered all appropriate criteria in your review. Your review should provide a clear statement, to the authors and editors, of the modifications necessary before the paper can be published or the specific reasons for rejection.

Please respond within the appointed time so that we can give the authors timely responses and feedback.

NOTE: ESJ promotes peer review procedure based on scientific validity and technical quality of the paper (not perceived the impact). You are also not required to do proofreading of the paper. It could be recommended as part of the revision.
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Reviewer Name: OUERMI Alain Saga	
University/Country: ULBO Ouahigouya Burkina Faso	
Date Manuscript Received:	Date Review Report Submitted:
Manuscript Title: Profil des adolescents atteints de syndrome drépanocytaire majeur suivis au service de pédiatrie du Centre Hospitalier Universitaire de Cocody	
ESJ Manuscript Number: 20057	
You agree your name is revealed to the author of the paper: YES	
You approve, your name as a reviewer of this paper, is available in the "review history" of the paper: YES You approve, this review report is available in the "review history" of the paper: YES	

Evaluation Criteria:
Please give each evaluation item a numeric rating on a 5-point scale, along with a thorough explanation for each point rating.

Questions	*Rating Result* [Poor] **1-5** [Excellent]
1. The title is clear and it is adequate to the content of the article.	4
(Titre clair, correspond au contenu du manuscrit)	
2. The abstract presents objects, methods, and results.	4
(Le résumé présente clairement les objectifs, la méthodologie et les résultats)	
3. There are a few grammatical errors and spelling mistakes in this article.	4
(Quelques coquilles et titres à revoir au niveau des résultats)	
4. The study methods are explained clearly.	4
(La méthodologie est clairement expliquée. Donnez une définition opérationnelle de la qualité du suivi)	

5. The results are clear and do not contain errors.	4
(Les résultats sont bien rapportés)	
6. The conclusions or summary are accurate and supported by the content.	4
(Excellente conclusion en lien avec le contenu du manuscrit)	
7. The references are comprehensive and appropriate.	4
(Les références sont appropriées)	

Overall Recommendation (mark an X with your recommendation) :

Accepted, no revision needed	
Accepted, minor revision needed	**X**
Return for major revision and resubmission	
Reject	

Comments and Suggestions to the Author(s):

Il s'agira de compléter le titre du manuscrit (Cocody en République de Cote d'Ivoire)
Donnez une définition opérationnelle de la qualité du suivi au niveau de la méthodologie
Réorganiser le plan au niveau des résultats (notamment les titres)

Comments and Suggestions to the Editors Only:
Néant

Date Manuscript Received:	Date Review Report Submitted:
Manuscript Title: **Profil des adolescents atteints de syndrome drépanocytaire majeur suivis au service de pédiatrie du Centre Hospitalier Universitaire de Cocody**	
ESJ Manuscript Number: 1025/25	
You agree your name is revealed to the author of the paper: No	
You approve, your name as a reviewer of this paper, is available in the "review history" of the paper: No You approve, this review report is available in the "review history" of the paper: Yes	

Evaluation Criteria:
Please give each evaluation item a numeric rating on a 5-point scale, along with a thorough explanation for each point rating.

Questions	*Rating Result* [Poor] **1-5** [Excellent]
1. The title is clear and it is adequate to the content of the article.	**4**
The title is informative and relevant, clearly specifying the focus on the socio-demographic and clinical profile of adolescents with major sickle cell syndrome followed in a specific pediatric service at CHU Cocody. It accurately reflects the study's retrospective, descriptive-analytical nature. However, it could be more precise by including "major" earlier (e.g., "Major Sickle Cell Syndrome") for immediate clarity, as the French version uses "syndrome drépanocytaire majeur."	
2. The abstract presents objects, methods, and results.	**5**
The aim is clear in the abstract and introduction: to describe socio-demographic and clinical characteristics and analyze influences on follow-up quality and therapeutic adherence. It is evident what the study found (e.g., low socioeconomic status linked to poor adherence; low vaccination coverage) and how (retrospective analysis of 30 adolescents' records from 2024 using Excel and Fisher's exact test).	

3. There are a few grammatical errors and spelling mistakes in this article.	5
(Please insert your comments)	

4. The study methods are explained clearly.	4

Subject selection: The process is clear: retrospective inclusion of all adolescents (10-15 years, inferred from results) with major SCD followed in external consultations at CHU Cocody's pediatric service from Jan-Dec 2024, from a cohort of 104 children (yielding n=30, 28.8%). No exclusion criteria specified, which is appropriate for descriptive purposes but limits generalizability.

Variables: Defined and measured appropriately—socio-demographics (age, sex, schooling, residence); parental data (SES via Gayral-Taminh classification, education, profession); clinical (genotype, discovery age/circumstances, follow-up quality, adherence, complications, consultations/hospitalizations/transfusions). Operational definitions (e.g., good follow-up as regular consultations + adherence; school delay as ≥2 classes behind) are explicit. Measurements rely on medical records, with hemoglobin in g/dl and stats via proportions/means/Fisher's exact (p<0.05).

Validity and reliability: Methods are valid for a retrospective chart review in a single-center setting, using standard tools (electrophoresis for genotype). Reliability is supported by ethical approvals and confidentiality. However, potential biases (e.g., incomplete records noted in results) are acknowledged but not quantified.

Replicability: Sufficient detail for replication: site, period, inclusion, variables, data collection via individual forms, analysis with Epi Info/Excel/Fisher's test. More on sample size calculation or power analysis would strengthen it, as n=30 is small.

5. The results are clear and do not contain errors.	4

Data presentation: Data are presented appropriately via text summaries and referenced tables (e.g., Table 1: socio-demographics; Table 3: follow-up content), with proportions, means ± SD, and ranges. However, without actual tables, I assume clarity based on descriptions, e.g., age 12.7 ± 1.8 years (10-15), sex-ratio 1.14.

Tables and figures: Relevant (e.g., Table 4/5 for factors influencing follow-up/adherence) and presumably clearly presented, with correct labeling (e.g., rows/columns for categories like SES levels). No figures mentioned. Categories grouped logically (e.g., age bands, genotypes SS/SFA2).

Units, rounding, decimals: Appropriate (e.g., hemoglobin <8 g/dl; percentages to one decimal; p-values as <0.05 or exact). Rounding consistent (e.g., 28.8% for 30/104).

Text in results: Adds value by highlighting key findings (e.g., 73.3% vaso-occlusive crises) without repetition; integrates stats seamlessly.

Statistical significance: Clear, with p-values reported (e.g., SES-follow-up p=0.006) and interpreted correctly (significant associations).

Practical meaningfulness: Addressed implicitly (e.g., low SES linked to 53.3% poor follow-up, with real-world implications for policy), but could explicitly discuss effect sizes.

Discussion: Results are discussed from multiple angles—comparing to African studies (e.g., Babela et al., 2018; Keita, 2020) on sex-ratio, consanguinity, genotypes—contextualized in global (e.g., neonatal screening in Europe) and local (e.g., economic barriers) settings. Avoids overinterpretation by noting limitations like single-center design and retrospective biases. Strengths: vaccination gaps, hydroxyurea underuse. Places findings in public health context without exaggeration.

6. The conclusions or summary are accurate and supported by the content.	4
Conclusions directly answer aims: profiles similar to literature; follow-up/adherence tied to parental SES, needing life improvements/free care. Supported by results (e.g., p-values) and references (e.g., Steinberg, 1999). Limitations (e.g., small n, incomplete bilans in 43.3%) are not fatal but inform future research (e.g., prospective multicenter studies, hydroxyurea trials). No overreach; emphasizes education and policy.	
7. The references are comprehensive and appropriate.	4
(Please insert your comments)	

Overall Recommendation (mark an X with your recommendation) :

Accepted, no revision needed	
Accepted, minor revision needed	**x**
Return for major revision and resubmission	
Reject	

Comments and Suggestions to the Author(s):

This retrospective analytical study appropriately employs a chart-review design to describe socio-demographic/clinical profiles and factors influencing follow-up/adherence in 30 adolescents with major SCD at CHU Cocody, addressing a critical gap in adolescent care data from Côte d'Ivoire—a high-prevalence, low-resource setting. It adds valuable local insights: e.g., SS genotype dominance (53.4%), low vaccination (13-23%), and SES-driven barriers (p=0.006 for follow-up), reinforcing needs for free care and education amid rising adolescent survival. **Major flaws** include small sample (n=30, limiting power/generalizability), retrospective biases (e.g., incomplete records in 43.3%), and lack of multivariate analysis beyond Fisher's test. No sample size justification or effect sizes; tables not included for review. The article is internally consistent: aims align with methods/results/conclusions; bilingual abstract enhances reach, though minor terminology inconsistencies (e.g., "Acfol-Tanakan" undefined). **Recommendations**: Authors must clarify adolescent age cutoff in methods; add effect sizes/multivariate stats; include actual tables/figures; define treatments (e.g., Acfol/Tanakan); expand limitations (e.g., selection bias). Strengthen discussion on hydroxyurea feasibility.

Comments and Suggestions to the Editors Only:

Reviewer A:
Recommendation: Accept Submission

The TITLE is clear and it is adequate to the content of the article.
The title is clear and it is adequate to the content of the article
The ABSTRACT clearly presents objects, methods, and results.
The abstract is brief, it usually presents the main parts of the article
There are a few grammatical errors and spelling mistakes in this article.
no grammatical errors
The study METHODS are explained clearly.
The methodology of this work is clear; compressive, it brings a lot of information
The body of the paper is clear and does not contain errors.
it s clear and do not contain errors.
The CONCLUSION or summary is accurate and supported by the content.
for the conclusion to be redone, it is necessary to conclude by putting recommendations and perspectives
The list of REFERENCES is comprehensive and appropriate.
the references respect the standards of the journal
Please rate the TITLE of this paper.
[Poor] **1-5** [Excellent]
1

Please rate the ABSTRACT of this paper.
[Poor] **1-5** [Excellent]
2

Please rate the LANGUAGE of this paper.
[Poor] **1-5** [Excellent]
2

Please rate the METHODS of this paper.
[Poor] **1-5** [Excellent]
3

Please rate the BODY of this paper.
[Poor] **1-5** [Excellent]
3

Please rate the CONCLUSION of this paper.
[Poor] **1-5** [Excellent]
5

Please rate the REFERENCES of this paper.
[Poor] **1-5** [Excellent]
3

Overall Recommendation!!!
Accepted, minor revision needed

Comments and Suggestions to the Author(s):
This manuscript is clear, well structured, the methodology well explained. It meets scientific standards so it will require further publication in your journal after the corrections I have submitted to you.
but we must reformulate the conclusion by deleting the first two lines, it is part of the discussion
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