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Paper: “Compression médullaire au cours du myélome multiple : étude descriptive et pronostique à propos de 18 cas au service d'hématologie du CHU d'Ignace Deen (Conakry, Guinée)”

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Peer review:

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Reviewer 3: Agbangla Clément
University of Abomey-Calavi, Benin

Reviewer A:
Recommendation: Accept Submission

The TITLE is clear and it is adequate to the content of the article.

Le titre est clair

The ABSTRACT clearly presents objectives, methods, results, and conclusions.

Merci de revoir le résumé et d'ajuster au contenu
(Le résumé est structuré selon introduction, méthodologie, résultats et conclusion) .
une incohérence concernant le délai de consultation : le résumé indique que 70 % des patients
ont consulté après 12 mois, alors que le tableau des résultats rapporte 9 patients sur 18 (50 %). le
résumé doit être harmonisé avec le texte principal

There are a few grammatical errors and spelling mistakes in this article.

une harmonisation de la langue est nécessaire, notamment au niveau des tableaux qui sont
rédigés en anglais alors que le texte est en français. Aussi quelques erreurs grammaticales

The study METHODS are explained clearly.

La méthodologie décrit le type d'étude, la période de réalisation et les critères d'inclusion.
plusieurs informations essentielles sont absentes:
les critères de non-inclusion et d'exclusion,
décrire la méthode d'analyse statistique (logiciel utilisé, statistiques descriptives, vérification de
la normalité des données, tests statistiques éventuels, seuil de significativité et intervalles de
confiance, le cas échéant).
Les aspects éthiques de l'étude

The results are clear and do not contain errors.

Les résultats sont globalement bien présentés, mais ils contiennent quelques incohérences
le délai de consultation rapporté dans le résumé (70 %) n'est pas cohérent avec celui présenté
dans le tableau des résultats (9/18 patients, soit 50 %).
la présentation des données descriptives devrait être justifiée (utilisation de la moyenne ou de la
médiane selon la distribution des données),
et les tableaux devraient être harmonisés avec la langue du manuscrit afin d'améliorer leur
lisibilité et leur cohérence.
Reorganiser les tableaux selon les objectifs : les caractéristiques épidémiologiques, cliniques,

biologiques, radiologiques, thérapeutiques et pronostiques des patients présentant un MM compliqué de compression médullaire au service d'hématologie du CHU d'Ignace Deen.

The CONCLUSION or summary is accurate and supported by the content.

La conclusion eabsente sauf au niveau des résumé

Présenter les limites de l'etude surtout en rapport avec la petite taille de l'echantillon

The list of REFERENCES is comprehensive and appropriate.

Les références citées sont pertinentes et couvrent les principaux aspects du myélome multiple et de la compression médullaire.

la bibliographie est essentiellement composée d'articles anciens. je vous recommande des publications des cinq à dix dernières années, afin d'actualiser le contexte scientifique et de renforcer la discussion.

Please rate the TITLE of this paper.

[Poor] **1-5** [Excellent]

5

Please rate the ABSTRACT of this paper.

[Poor] **1-5** [Excellent]

3

Please rate the LANGUAGE of this paper.

[Poor] **1-5** [Excellent]

4

Please rate the METHODS of this paper.

[Poor] **1-5** [Excellent]

2

Please rate the RESULTS of this paper.

[Poor] 1-5 [Excellent]

2

Please rate the CONCLUSION of this paper.

[Poor] 1-5 [Excellent]

1

Please rate the REFERENCES of this paper.

[Poor] 1-5 [Excellent]

2

Overall Recommendation!!!

Accepted, minor revision needed

Comments and Suggestions to the Author(s):

Renforcer l'introduction : Développer davantage les connaissances sur le myélome multiple en Guinée ou en Afrique subsaharienne (épidémiologie, diagnostic, prise en charge, difficultés rencontrées).

Compléter la méthodologie Décrire la méthode d'analyse statistique (logiciel utilisé, statistiques descriptives, vérification de la normalité, tests statistiques éventuels, niveau de significativité, IC95 % si applicable). Préciser les critères de non-inclusion et d'exclusion des patients.

Présentation des résultats L'échantillon étant limité (18 patients), il est préférable de présenter l'âge sous forme de médiane et intervalle interquartile (IQR) plutôt que de moyenne $\pm$ écart-type, sauf si la normalité de la distribution a été démontrée. Vérifier la cohérence des résultats : le délai de consultation est annoncé à 70 % dans le résumé, alors que le tableau indique 9 patients (50 %). Cette incohérence doit être corrigée.

Uniformiser la présentation Les tableaux sont rédigés en anglais alors que le manuscrit est en

français. Ils devraient être harmonisés avec la langue de l'article.

Discussion Développer davantage la discussion concernant la fréquence élevée de la compression médullaire (25,7 %) par rapport aux données de la littérature. Mieux expliquer l'âge relativement jeune des patients observés dans cette série. Comparer davantage les résultats avec des études africaines récentes.

Limites de l'étude Insister davantage sur les limites liées au faible effectif (18 patients), au caractère monocentrique et à leur impact sur la précision des estimations et la généralisation des résultats.

Références Actualiser la bibliographie en intégrant des références plus récentes

Reviewer B:

Recommendation: Revisions Required

The TITLE is clear and it is adequate to the content of the article.

L'idée du titre est vague. Privilégier des titres mieux orientés ; ex : compression médullaire au cours du myélome multiple : étude descriptive et pronostique

The ABSTRACT clearly presents objectives, methods, results, and conclusions.

vous avez clairement mis : Les anomalies radiologiques retrouvées étaient une fracture pathologique compressive. Est-ce que ce que c'est la compression qui a donné lieu à la fracture ou bien la propriété de l'os myélomateux lui-même ?

Toujours dans cette partie, dans les mots-clés : il faudra mettre initiale des mots par ordre alphabétique : Compression médullaire ; Épidurite ; Hématologie ; Myélome multiple ; Plasmocytome.

There are a few grammatical errors and spelling mistakes in this article.

Pas de commentaire à apporter.

The study METHODS are explained clearly.

cette étude relève d'une durée étendue (+/-5ans) ou d'un caractère multicentrique. Quels sont les critères d'exclusion et de non-inclusion ?

The results are clear and do not contain errors.

La rédaction étant en français ; mettez les items des tableaux en français !

The CONCLUSION or summary is accurate and supported by the content.

Il manque la conclusion. Cette partie doit mentionner obligatoirement la particularité de l'étude ainsi que le ou les messages clés à transmettre.

The list of REFERENCES is comprehensive and appropriate.

Nombre insuffisant pour un travail original. 98% des références sont vieilles. Il faut mettre des références récentes (2020 +/-) . Mettez des références en Afrique, en Guinée.

Please rate the TITLE of this paper.

[Poor] 1-5 [Excellent]

3

Please rate the ABSTRACT of this paper.

[Poor] 1-5 [Excellent]

3

Please rate the LANGUAGE of this paper.

[Poor] 1-5 [Excellent]

5

Please rate the METHODS of this paper.

[Poor] 1-5 [Excellent]

3

Please rate the RESULTS of this paper.

[Poor] 1-5 [Excellent]

Please rate the CONCLUSION of this paper.

[Poor] **1-5** [Excellent]

1

Please rate the REFERENCES of this paper.

[Poor] **1-5** [Excellent]

1

Overall Recommendation!!!

Return for major revision and resubmission

Comments and Suggestions to the Author(s):

Cher Collègue, au vue d'une révision majeur de l'article, je vous prie de me retourner l'article corrigé par les auteurs.
Je vous remercie par avance.

ESJ Manuscript Evaluation Form 2026

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 a peer review procedure based on scientific validity and technical quality of the paper (not perceived 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: AGBANGLA Clément	
University, Country: University of Abomey-Calavi, Benin	
Date Manuscript Received:	Date Review Report Submitted: 15 th August 2026
Manuscript Title: Multiple myeloma (MM) and spinal cord compression in the hematology department of Ignace Deen University Hospital	
ESJ Manuscript Number: 49.05.2026	
You agree that your name is revealed to the author of the paper:	
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]
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1. The title is clear, and it is adequate for the content of the article.	4
<i>I would recommend adding the country to the title, especially for a clinical article from a single center in sub-Saharan Africa. I would suggest the following wording: "Multiple Myeloma and Spinal Cord Compression at the Ignace Deen University Hospital in Conakry, Guinea: A Retrospective Descriptive Study," provided the authors confirm that the study is indeed retrospective, which, as we noted in the report, still needs clarification. If the authors wish to keep a shorter title: "Multiple Myeloma and Spinal Cord Compression at the Ignace Deen University Hospital, Conakry, Guinea."</i>	
2. The abstract presents objectives, methods, and results.	5
<i>The abstract is well written</i>	
3. There are a few grammatical errors and spelling mistakes in this article.	5
<i>The editorial style in French is generally correct, with no major grammatical errors noted during reading.</i>	
4. The study methods are explained clearly.	4
<i>The methodology is well written. However, the authors need to add the missing ethical and methodological elements (ethics committee, consent, statistical analysis).</i>	
5. The results are clear and do not contain errors.	3
<i>The discussion on age is insufficient (see major comments).</i>	
6. The conclusions or summary are accurate and supported by the content.	4
<i>The conclusion needs to be revised. (See major comments)</i>	
7. The references are comprehensive and appropriate.	4
<i>The references are comprehensive and appropriate. However, they appear outdated and deserve to be updated or, failing that (if they constitute historical or fundamental references), supplemented by more recent literature.</i>	

Overall Recommendation (mark an X with your recommendation) :

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

Comments and Suggestions to the Author(s):

General Comment

The authors present a study of 18 patients with multiple myeloma complicated by spinal cord compression, out of 70 patients with multiple myeloma treated during the study period. The study addresses a serious complication of multiple myeloma and provides potentially relevant data in the Guinean context.

Authors should preferably use: "lower limbs" rather than "pelvic limbs"; "motor deficit" rather than "loss of motor function", when this corresponds to clinical data.

The manuscript is generally well-structured and readable. However, several aspects need clarification or correction to improve its methodological rigor, internal consistency, and the robustness of its conclusions.

I recommend that the authors address the major comments below point by point and clearly indicate the changes made in a revised version of the manuscript.

Major comments

1. The authors refer to a "descriptive cross-sectional study" conducted over two years. This formulation warrants serious re-examination. Indeed, the authors appear to have included all patients with multiple myeloma (MM) and spinal cord compression observed during a given period, and then studied, in particular, their treatment and therapeutic response. However, since the data pertain to treatment, complete response, very good partial response, and potentially outcome, it goes beyond a simple cross-sectional study. I would recommend, if the data were indeed collected retrospectively from patient records, the term: "retrospective descriptive study" or "single-center retrospective descriptive study."
2. Clarify the meaning of the frequency of 25.7%. The calculation $18/70 = 25.7\%$ is correct. However, the wording used in the abstract and results needs clarification. The authors should avoid implying that 25.7% represents a general incidence of spinal cord compression in multiple myeloma. It would be preferable to state clearly that: 18 patients with spinal cord compression were identified among the 70 MM patients treated during the study period, representing 25.7%.
3. Correct and standardize the percentages. Several values need to be recalculated or standardized. For 18 patients: $8/18 = 44.4\%$; $6/18 = 33.3\%$; $4/18 = 22.2\%$; $10/18 = 55.6\%$; $7/18 = 38.9\%$; $1/18 = 5.6\%$. The manuscript uses 44.5%, 55.5%, 38.8%, and 5.7% alternately. These differences are likely due to rounding, but a consistent rounding rule to one decimal place should be applied.
4. The discussion on age is insufficient. The authors compare the average age of 40 to older international populations. This is relevant. However, they should discuss further: the demographic structure of the Guinean population, differences in life expectancy, biases in hospital recruitment, diagnostic difficulties, and the underdiagnosis of multiple myeloma in the elderly. The statement concerning "genetic susceptibility" is too speculative in the absence of genetic data.

5. The current conclusion is: "This study shows a high frequency of spinal cord compression, particularly in cases of late diagnosis." This is too general and too assertive in relation to the results. A good conclusion should reiterate: the single-center nature of the study, the context of late diagnosis, the neurological severity, the need for early diagnosis, and potentially the implications for management. It should not suggest a causal relationship that has not been demonstrated.

Minor Comments

1. The tables are in English while the body of the text is in French; this linguistic inconsistency needs to be corrected (either by translating the tables or clarifying the journal's bilingual policy).
2. The affiliation "3. Gamal Abdel Nasser University of Conakry" is listed but is not associated with any author (no superscript "3" in the author list); this orphaned affiliation needs to be corrected.
3. The corresponding author only has a telephone number; there is no email address, which is generally required.
4. The introduction is generally well-structured, but could be slightly shorter and more focused on the specific research question. The objective should be formulated as a clear sentence that can be directly verified using the results.
5. The methodology is well written. However, the authors need to add the missing ethical and methodological elements (ethics committee, consent, statistical analysis).
6. The references are comprehensive and appropriate. However, they appear outdated and deserve to be updated or, failing that (if they constitute historical or fundamental references), supplemented by more recent literature.

Comments and Suggestions to the Editors Only: