



ISSN NO. 2320-5407

ISSN(O): 2320-5407 | ISSN(P): 3107-4928

International Journal of Advanced Research

Publisher's Name: Jana Publication and Research LLP

www.journalijar.com

REVIEWER'S REPORT

Manuscript No.: IJAR-57721

Title: A clinico-epidemiological study of viral Sexually transmitted infections at a tertiary care centre

Recommendation:

Accept as it is

Accept after minor revision.....

Accept after major revisionYES

Do not accept (*Reasons below*)

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

Reviewer's ID: JPR-094

Detailed Reviewer's Report

Reviewer's Report

Overall Evaluation

This manuscript presents a retrospective clinico-epidemiological analysis of viral sexually transmitted infections (STIs) among patients attending a tertiary care STI clinic over a two-year period. The topic is clinically relevant because of the changing epidemiology of STIs, increasing viral STI burden, and strong association with HIV infection. The study provides regional observational data and highlights behavioral as well as demographic patterns among affected patients.

However, although the topic is important, the manuscript has substantial methodological, structural, statistical, linguistic, and interpretative limitations. The manuscript currently reads more like a descriptive compilation rather than a rigorously analyzed scientific study. Major revision is necessary before the work can be considered for publication.

Strengths of the Manuscript

1. Clinically Relevant Topic

The manuscript addresses an important public health issue, particularly the growing burden of viral STIs and their interaction with HIV infection.

2. Real-World Clinical Data

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The study uses data from a tertiary care STI clinic, providing practical insights into patient demographics, behavioral patterns, and disease spectrum in a real-world setting.

3. Focus on HIV Association

The association between viral STIs and HIV infection is appropriately emphasized, especially with condyloma acuminata and herpes progenitalis.

4. Inclusion of Behavioral Risk Factors

The manuscript attempts to evaluate sexual behavior, marital status, socioeconomic background, bisexuality, homosexuality, paid exposure, and condom use, which are epidemiologically important.

5. Descriptive Clinical Findings

Interesting observations such as giant molluscum contagiosum in HIV-positive patients, perianal condyloma, and concurrent infections add clinical value.

Weaknesses of the Manuscript

1. Lack of Clear Study Objective

The objective is vaguely stated. The manuscript should clearly define:

- * primary objective,
- * secondary objectives,
- * and research hypothesis.

2. Poor Methodological Detailing

Major methodological deficiencies include:

- * No mention of ethical committee approval.
- * No informed consent statement.
- * No diagnostic criteria for each STI.
- * No laboratory methods described.
- * No inclusion/exclusion details beyond viral STI diagnosis.
- * No sampling strategy.

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*** No explanation of missing data handling.**

3. Inadequate Statistical Analysis

Only descriptive statistics are presented. No:

- * p-values,**
- * confidence intervals,**
- * regression analysis,**
- * association testing,**
- * odds ratios,**
- * or comparative statistics.**

This limits scientific validity.

4. Overinterpretation of Findings

Several conclusions exceed the presented data. Examples:

- * HIV transmission mechanisms are discussed extensively without direct evidence from the study.**
- * Behavioral causation is inferred despite retrospective design.**
- * Some immunological explanations are speculative.**

5. Excessively Long Discussion

The discussion is disproportionately lengthy and contains textbook-style information unrelated directly to study findings.

6. Poor Language and Grammar

The manuscript contains:

- * grammatical errors,**
- * inconsistent tense,**
- * spacing issues,**
- * repeated concepts,**
- * typographical mistakes,**
- * and awkward sentence construction.**

Examples:

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- * "marriedpopulation"
- * "amamnestic"
- * "eliminiate"
- * inconsistent punctuation.

7. Reference Problems

Several references are incomplete or improperly formatted:

- * "king and holmes book"
- * "Rooks ch 5.2"
- * missing journal details in some citations.

8. Figure and Table Issues

Figures and graphs are poorly integrated:

- * captions are unclear,
- * numbering is inconsistent,
- * legends are incomplete,
- * formatting is unsuitable for publication.

9. Lack of Novelty

The study findings largely confirm already established epidemiological trends without substantial new scientific contribution.

10. Potential Similarity/Plagiarism Concern

Several discussion paragraphs appear heavily literature-derived and may require plagiarism screening.

Key Points Requiring Major Revision

Introduction

- * Shorten background.
- * Clearly identify research gap.
- * Define study objectives explicitly.

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Materials and Methods

Authors must add:

- * ethical approval number,
- * diagnostic criteria,
- * laboratory methodology,
- * HIV testing protocol,
- * statistical software,
- * statistical significance criteria,
- * inclusion/exclusion details.

Results

- * Organize results systematically.
- * Use proper tables instead of lengthy narrative text.
- * Provide statistical comparisons.
- * Avoid repeating percentages excessively.

Discussion

- * Reduce textbook content.
- * Focus on interpreting study findings.
- * Avoid unsupported causal inferences.
- * Compare findings with recent literature systematically.

Conclusion

Conclusion should be concise and evidence-based rather than generalized public health commentary.

References

- * Standardize according to journal format.
- * Remove incomplete citations.
- * Update outdated references where possible.

Scientific Significance

The manuscript has moderate regional epidemiological significance because:

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- * viral STIs are increasing globally,
- * STI-HIV interaction remains clinically important,
- * Indian tertiary care data remain useful for surveillance.

However, the scientific impact is currently limited due to weak analytical depth and lack of robust methodology.

Recommendation to the Editor**## Decision: MAJOR REVISION**

The manuscript should not be accepted in its current form. Substantial revision is necessary to improve:

- * methodological rigor,
- * statistical analysis,
- * scientific clarity,
- * language quality,
- * and overall presentation.

After major revision and plagiarism assessment, the manuscript may be reconsidered for publication.

Major Revision Justification (Line-by-Line Issues and Reasons)

Line No.	Issue Identified	Reason for Major Revision
4–18	Introduction overly broad and textbook-like	The introduction contains excessive general background information rather than focusing on the research gap and study rationale.
12–14	Unsupported explanatory statements	Claims regarding causes of changing STI trends are speculative and not adequately referenced.
20–23	Grammatically incorrect sentence structure	“Epidemiological research in dermatology is timelessly relevant...” is poorly constructed and affects scientific readability.
24–26	Objective not clearly defined	The manuscript does not specify primary or secondary objectives or hypotheses.
27–36	Insufficient methodology description	Major methodological details are missing, including diagnostic criteria, sampling method, laboratory methods, and study design

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Line No.	Issue Identified	Reason for Major Revision
		specifics.
28–30	No ethical approval mentioned	Retrospective human subject research requires Institutional Ethics Committee approval documentation.
31–33	Inclusion/exclusion criteria inadequate	Only viral STI diagnosis is mentioned; exclusion criteria are absent.
32–33	No diagnostic standards described	The manuscript does not explain how HSV, HPV, HIV, HBV, or molluscum contagiosum were diagnosed.
33–35	Statistical analysis inadequate	Only descriptive statistics were used; no inferential statistics or significance testing performed.
34–35	No statistical software mentioned	Scientific manuscripts should specify statistical tools/software used for analysis.
38–43	Results presented descriptively without statistical testing	Percentages are reported without confidence intervals or comparative analysis.
41–42	Contradictory phrasing	“Highest numbers of cases” with “significant number” is vague and statistically unsupported.
Table-1	Table formatting inadequate	Table lacks total sample numbers and proper formatting suitable for publication.
45–52	Sociodemographic analysis superficial	No correlation analysis between demographic variables and STI categories.
46–48	Sensitive behavioral data poorly contextualized	Sexual orientation and paid exposure data require ethical framing and statistical interpretation.
49–52	SES classification undefined	Socioeconomic strata categories are not defined or referenced.
53–60	Herpes progenitalis section lacks diagnostic criteria	No explanation whether diagnosis was clinical, serological, PCR-based, or syndromic.
55–56	Overinterpretation of marital status	The manuscript infers epidemiological patterns without statistical support.
57–59	Recurrence data inadequately explained	No definition of recurrent episode criteria or follow-up methodology.
61–63	Potentially speculative transmission assumptions	Monogamous relationship data are interpreted without objective partner testing evidence.

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Line No.	Issue Identified	Reason for Major Revision
64–65	Clinical presentation lacks standardization	Symptoms and lesion sites are described without standardized classification.
66	HSV serology interpretation scientifically weak	The significance of negative serology is discussed later without adequate methodological support.
67–69	Incidental dermatological findings not clinically integrated	Crohn's disease and dermatoses appear unrelated to study objectives.
70–80	Condyloma acuminata findings lack analytical depth	Associations with HIV are descriptive only; no odds ratios or significance values provided.
75–76	Unsupported causal implication	Male predominance is discussed without adjustment for confounders.
81	Syphilis co-diagnosis methodology unclear	Diagnostic criteria for latent syphilis are not described.
82–83	“Transmission linkage” speculative	No partner tracing or molecular evidence presented.
84–86	Behavioral data repetitive	Similar behavioral information was already presented earlier, leading to redundancy.
89–97	HIV subgroup analysis statistically weak	HIV associations are descriptive without comparative analysis.
92–93	“Low socioeconomic status was significant” incorrect usage	Statistical significance cannot be claimed without statistical testing.
94–97	Syphilis association inadequately analyzed	No multivariate analysis to assess association between HIV and syphilis.
98–100	Opportunistic infections poorly contextualized	No CD4 counts, ART status, or HIV staging provided.
Graph 1	Graph title unclear and inconsistent	Multiple alternative titles indicate incomplete manuscript preparation.
100–101	Lifetime history reporting unclear	“Experienced condyloma at some point” lacks defined time frame.
104–107	Behavioral conclusions potentially biased	Risk behavior interpretations are not supported with validated behavioral assessment tools.
108–111	“Clinically significant differences” unsupported	No statistical analysis provided to justify the phrase “clinically significant.”
Fig. 4 & 5	Figure numbering inconsistent	Figures begin from 4 and 5 without preceding figure continuity.

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Line No.	Issue Identified	Reason for Major Revision
Fig. 5	Typographical errors	“Gaint molluscum” should be “Giant molluscum.”
118–121	HIV association conclusions overstated	Observed associations cannot establish causality in retrospective descriptive studies.
122–124	HBsAg findings underdeveloped	Very small sample size prevents meaningful interpretation.
125–132	Molluscum contagiosum analysis repetitive	Several epidemiological observations duplicate earlier behavioral findings.
134–151	Discussion excessively lengthy	Contains textbook-style review material unrelated directly to study findings.
144–151	Gender disparity discussion speculative	Authors propose social explanations without supporting qualitative or survey data.
153–154	Comparison with prior studies superficial	Comparative interpretation lacks statistical context and updated literature.
158–162	Textbook virology content excessive	General HSV biology unnecessarily prolongs discussion.
164–170	Mechanistic HIV discussion overextended	Immunological explanations are not directly derived from study findings.
172–183	Sociobehavioral interpretations speculative	Statements regarding sexual practices may introduce bias and lack validated assessment methods.
185–201	Extensive review-style narrative	Discussion shifts from study interpretation to textbook review article format.
203–212	HSV serology explanation scientifically weak	Discussion on “anamnestic response” is oversimplified and poorly referenced.
214–225	Repetitive HIV-HPV interaction explanation	Redundant mechanistic discussion already well established in literature.
228–247	MSM/PrEP discussion poorly connected to study data	The study did not directly evaluate PrEP or condom substitution behavior.
249–258	Vaccination section unrelated to study findings	HPV/HBV vaccine policy discussion is not linked to study outcomes.
261–269	Conclusion too generalized	Conclusion introduces psychological and PTSD-related aspects not investigated in the study.
261–269	Conclusion lacks specific take-home findings	The conclusion should summarize actual study findings rather than public health generalizations.
272–333	Reference formatting	Multiple references are incomplete,

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Line No.	Issue Identified	Reason for Major Revision
	inconsistent	improperly formatted, or missing journal details.
277	“Rooks ch 5.2” incomplete citation	Scientifically unacceptable referencing format.
310	“king and holmes book” incomplete reference	Missing author names, edition, publisher, and publication year.
Entire manuscript	Multiple grammatical and typographical errors	Language quality requires professional editing before publication consideration.
Entire manuscript	Potential plagiarism/similarity concerns	Several discussion sections appear heavily literature-derived and require similarity screening.
Entire manuscript	Limited novelty	Findings largely confirm already established epidemiological trends without strong novel contribution.
Entire manuscript	Poor organization and redundancy	Multiple repeated concepts reduce clarity and scientific precision.

Final Recommendation***Decision: MAJOR REVISION*****Justification**

Major revision is warranted because the manuscript has:

inadequate methodological rigor,

absence of statistical validation,

poor manuscript organization,

excessive speculative discussion,

incomplete references,

language deficiencies,

and over interpretation of descriptive findings.

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The study has potential regional epidemiological relevance, but substantial revision is required before it can be considered suitable for publication.