#### **LEMBAR**

### HASIL PENILAIAN SEJAWAT SEBIDANG ATAU PEER REVIEW

KARYA ILMIAH: JURNAL ILMIAH

Judul Artikel Ilmiah

Effect of Carbogen to Chemoradiation in Rectal Cancer Volume

Penulis Artikel Ilmiah

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Semarang, Penilai I

Prof. Dr. dr. TRI INDAH WINARNI, M.Si.Med.,PA NIP 196605101997022001

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Reviewer 2

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The journal is the oldest scientific medical journal of the country in English language, which has been published from 1956 onward in English language. Although since 2004 it had been published bimonthly, the journal has been published monthly from first issue of 2011.

Acta Medica Iranica is an international journal with multidisciplinary scope which publishes original research papers, review articles, case reports, and letters to the editor from all over the world. The journal has a wide scope and allows scientists, clinicians, and academic members to publish their original works in this field.

The editorial board of the journal hopes that the journal would be welcomed by researchers and academics in universities and related centers in Asia and in the world at large.

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### Changes in Hemoglobin Level and Mean Corpuscular Volume During the Convalescent Phase of Acute Febrile Illness in Children: A Study of the Possible Role of Hemolysis

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### **CASE REPORT(S)**

Griscelli Syndrome Type 2: A Rare Case With Apparently Normal Skin and Hair Pigmentation

# Changes in Hemoglobin Level and Mean Corpuscular Volume During the Convalescent Phase of Acute Febrile Illness in Children: A Study of the Possible Role of Hemolysis

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Received: 14 Apr. 2019; Accepted: 28 Nov. 2019

**Abstract**- Fever is one of the most common clinical manifestations in children. During the early days of acute febrile illness, some decrease in hemoglobin levels occurs due to unspecified cause. 64 children aged 6 months to 12-year-old with a fever higher than 38° for more than one day and with a diagnosis of acute febrile illness were admitted. The values of MCV, ESR, CRP, and hepcidin were measured at baseline and then 7 to 10 days after the improvement of the fever. The levels of reticulocytes, LDH, and bilirubin were also measured in two stages. Data analysis was done using SPSS software. The mean hemoglobin level in the acute phase of febrile illness was significantly increased 7-10 days after discontinuation of the fever by  $12.87\pm1.09 \text{ g/dl}$  (P<0.001). The MCV level also significantly increased (P<0.001), and levels of CRP, ESR, LDH, bilirubin, and hepcidin showed significantly decreased during the convalescent phase compared to acute febrile phase, but the level of erythrocyte increased. The present study confirmed the decrease in hemoglobin in children with acute febrile illness. Increasing of bilirubin, LDH, hepcidin, level, and no bleeding was observed during acute febrile infection in children.

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Keywords: Hemoglobin; Mean corpuscular volume (MCV); Acute febrile illness

### Introduction

Fever in children is a very commonly noted symptom that is associated with a viral infection most of the time. However, fever without source, in 7% of children, is the first symptom of a serious bacterial infection such as meningitis, pneumonia, pyelonephritis, or bacteremia (1).

Acute febrile illness is manifested by the immune system's response to the pathogen (infectious diseases) and a sudden increase in body temperature and lasts less than one week (2,3).

Anemia prevalence is related to fever duration and inflammation, and (4). Hemoglobin (Hb) level is the most reliable index of anemia in all people. Anemia is a main public health issue that may occur at any stage of life but is more common in pregnant women and young children suffering from iron deficiency (5).

Reduced immunity, reduced rate of growth, and the adverse and irreversible effects of anemia in children can

be the main incentive for screening anemia among children. When the hemoglobin concentration reaches below 7 g/dL, anemia can be life-threatening (6,7).

Studies have shown that low hemoglobin level is associated with inflammatory bowel disease in children, (8) lower respiratory tract infection (9-11) and urinary tract infection (12) in children.

During the infection with bacterial, viral, and fungal pathogens, a type of anemia, namely, anemia of inflammation occurs, and during the first week of development of acute illness, a marked drop in hemoglobin levels occurs (13).

The causes of anemia of acute infection have not yet been adequately determined. Data regarding the pathophysiology of anemia associated with acute infections are scant (14,15). In a patient, usually a child without a history of exposure to the virus, the degree of anemia depends on whether the child suffers simultaneously from hemolytic anemia or is healthy. In

## Clinico-Laboratory Profile of Dengue Patients at Sir T. Hospital, Bhavnagar, India

Nilesh D. Patel, Kairavi J. Desai, Jatin Sarvaiya, Saqlain Malek

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Received: 21 Aug. 2019; Accepted: 28 Jan. 2020

**Abstract**- Dengue fever is caused by any one of four types of dengue viruses (DEN1-DEN4), spread mainly by Aedes aegypti. India had the largest number of dengue cases, with about 33 million apparent and another 100 million asymptomatic infections occurring annually. The patients typically present with the sudden onset of fever, frontal headache, retroorbital pain. The laboratory diagnosis can be made by IgM ELISA or by NS1 antigen-detection ELISA during the acute phase. This research was conducted from January 2018 to December 2018 at Sir T. hospital and Government Medical College in Bhavnagar, Gujarat. The patients having complaints of fever, headache, myalgia, arthralgia or rash, were clinically examined, and laboratory investigated for dengue with NS1 and/or IgM dengue antibody. A total of 536 patients was screened, of which 112 patients were diagnosed as dengue fever at 21% dengue positivity rate, based on detection of NS1 (46/304, 15%), and antidengue IgM (66/232, 28%) in their sera. The majority of the patients were males (77/112, 69%). The majority of patients were in 11-30 years' age group (66/316, 21%). Fever (100%) was the chief presenting complaint, followed by headache (83, 93%), and myalgia (79, 89%). The highest number (28) of dengue patients was observed in the month of October 2018. According to this study results, the physicians in the dengue-endemic area should be aware of dengue in acute febrile illnesses and use the appropriate laboratory tests such as NS1 antigen and IgM antibodies for early dengue diagnosis. This can help clinicians to prevent morbidity and mortality associated with dengue.

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Keywords: Clinical presentation; Dengue; Laboratory tests

### Introduction

Dengue fever is a mosquito-borne viral disease caused by a single positive-stranded encapsulated RNA virus belonging to the flavivirus genus of the Flaviviridae family and transmitted by Aedes mosquitoes, mainly by Aedes aegypti (1). Dengue fever is caused by any one of four types of dengue viruses (DEN1-DEN4), spread by mosquitoes that thrive in and near human lodgings. When a mosquito bites a person infected with a dengue virus, the virus enters the mosquito. When the infected mosquito then bites another person, the virus enters that person's bloodstream (2). A study done at the University of Oxford has estimated that India had the largest number of dengue cases, with about 33 million apparent and another 100 million asymptomatic infections occurring annually (1). WHO estimated that two-fifth of the population in tropical countries, around 2.5 billion people are vulnerable. Approximately 50 million dengue

infections occur worldwide, of which 500,000 people are hospitalized with DHF annually (3). The patients with dengue fever typically present with the sudden onset of fever, frontal headache, retroorbital pain, and back pain along with severe myalgias, break-bone fever. Additional signs and symptoms, including anorexia, nausea or vomiting, and cutaneous hypersensitivity, may appear in illness (4). The disease spectrum may vary with asymptomatic illness to life-threatening diseases like dengue hemorrhagic fever (DHF) and dengue shock syndrome (DSS) (5). The characteristic laboratory finding for the disease is leukopenia. Other laboratory findings thrombocytopenia, elevations of serum aminotransferase concentrations. The diagnosis can be made by IgM ELISA or paired serology during recovery or by antigen-detection ELISA or RT-PCR during the acute phase. There is no specific therapy management of dengue, besides supportive care. The principle of management of disease includes fluids, rest, and