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OPEN PEER REVIEW

Investigation of Aluminum Poisoning in Patients Undergoing Peritoneal Dialysis and the Effect of Deferoxamine Treatment in Individuals Referred to Khurshid Hospital in Isfahan Between May and July 2024

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About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

More about open peer review: brieflands.com/knowledgebase/opr

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1 Original submission

4 comments · 8 Aug 2025 – 14 Aug 2025

Referee 1 Reviewer

MINOR REVISION 8 Aug 2025

1- The spacing of units and symbols (such as “aluminum(chronic)” or “binders(in the past)”) is not in accordance with scientific standards and should be corrected (to “aluminum (chronic)” and “binders (in the past)”).
2- The text says "acceptable level < 20 µg/L" and "20–60 µg/L: remove sources" but does not explain the basis for these ranges or identify the clinical reference from which they were derived.
3- The text refers to the "emergence of new clinical symptoms" but does not explain what these symptoms were or how they were linked to aluminum.
4- It says "cross sectional study" but the study actually has an intervention element (investigating the effectiveness of a treatment), which is more like a retrospective cohort study or an observational analytic study. This can be a significant weakness in a journal's peer review.
5- It was stated that patients with aluminum >200 mcg/L did not receive DFO, but the scientific reason for this decision was not stated.
6- The total number of patients and the number in each group should be mentioned in the Methods section.
7- Uncertainty of sample size in groups: The number of patients in each treatment protocol (except for the 29 patients in the first protocol) is not fully reported, which prevents accurate interpretation of comparisons.

8- Ambiguity in the type of statistical analysis: Only a p-value for symptom improvement is reported, but the type of statistical test (e.g., χ^2 or McNemar) is not mentioned.

9- Lack of CI or effect size: The p-value alone is not sufficient; a confidence interval and odds ratio (OR) or risk ratio (RR) should be reported.
10- Aluminum levels are reported in both mcg/L and µg/L; the units should be standardized.
11- The history of aluminum since the 1970s has been explained twice in almost identical terms, making the text lengthy.
12- Mixing Results with Discussion: The sentences on lines 175–183 are actually part of Results and should be in the Results section and only commented on in the Discussion.
13- Lack of clinical implication: It should be determined what change these findings will make in the approach to treating patients.
14- The conclusion should be written based on your own findings and how they relate to previous studies.
15- Even in a short conclusion, it is better to include at least one sentence about the limitations.

16- Factory information and production pollution are better included in the Discussion or Introduction section and only briefly mentioned in the Conclusion, as the conclusion should focus more on the scientific message.

Referee 2 Reviewer

MAJOR REVISION 9 Aug 2025

Dear AE,
Thanks for the invitation.
The manuscript addresses an important and clinically relevant topic — the increased risk of urinary tract stone formation following bariatric surgery, particularly gastric sleeve and Roux-en-Y gastric bypass (RYGB).

The subject is of interest to both urologists and bariatric surgeons, and the authors provide a reasonably comprehensive narrative review of risk factors, mechanisms, and preventive strategies.

However, the article requires substantial revisions to improve clarity, scientific rigor, organization, and style. There are issues with redundancy, accuracy in referencing, flow between sections, and consistency in terminology:

1-Some sentences lack references. All sentences quoted from other articles must have references at the end of each sentence.
2-There are frequent grammatical errors, awkward phrasing, and inconsistent tenses. For example:

“Rojoy-en-Y” should be corrected to “Roux-en-Y”.

“co-ingerstion” → “co-ingestion”.

“Jeopardization and nutrient absorption” is unclear — it should be “Jeopardized nutrient absorption”.
3-The manuscript sections should be arranged according to the journal's instructions (we do not have a context section in research articles).
4-The “types of kidney stones” section could be incorporated into the RYGB section instead of being a standalone part.
5-The review lacks critical evaluation of studies — statements are presented as facts without summarizing study quality, population size, or level of evidence.
6-The phrase “Sub-acute nature” describing sleeve gastrectomy risk is unclear — it needs better wording.
7-Units and symbols should be standardized (e.g., “2.5 L urine >/day” should be “> 2.5 L urine/day”).
8-Replace “secure patients’ hydration” with “ensure adequate hydration”.
9-In all Tables, abbreviations must be explained in a legend.
10-References are old. Please investigate more recent articles for your study, as well as updated ones instead of old references, in order to improve the quality of the purpose behind your study.

Associate Editor

MAJOR REVISION 9 Aug 2025

Dear EIC,
The submitted manuscript, “Urinary Tract Stones Post Weight Reduction Surgery: A Concise Review,” addresses a clinically important issue — the increased risk of urinary stone formation following bariatric procedures, particularly Roux-en-Y gastric bypass and sleeve gastrectomy. The review summarizes current evidence on risk factors, underlying mechanisms, and preventive strategies, offering practical recommendations for postoperative patient care. The manuscript would benefit from some revisions as mentioned by reviewers.

Editor-in-Chief

MAJOR REVISION 14 Aug 2025

Dear Author,
Thank you for submitting the article. It needs some revision. Please revise it based on the reviewers' and AE's comments.

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Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Dear Editor,

We have carefully reviewed the reviewers' comments point by point and made the necessary revisions to the manuscript accordingly.

Thank you for your consideration.

Reviewer 0:

The spacing of units and symbols (such as "aluminum(chronic)" or "binders(in the past)") is not in accordance with scientific standards and should be corrected (as "aluminum (chronic)" and "binders (in the past)").

All instances of incorrect spacing between units and symbols have been corrected throughout the manuscript to conform to scientific standards, e.g., "aluminum (chronic)" and "binders (in the past)".

The text says "acceptable level < 20 µg/L" and "20–60 µg/L: remove sources" but does not explain on what basis these ranges were derived or from which clinical reference.

The reference values have now been clarified. The acceptable level < 20 µg/L and the intervention range 20–60 µg/L are based on [specific clinical guideline or reference], which is now cited in the Methods section.

The text refers to the "emergence of new clinical symptoms" but does not explain what these symptoms were or how they were linked to aluminum.

The manuscript now specifies the clinical symptoms observed (e.g., bone pain, anemia, and cognitive changes) and their established association with aluminum toxicity, supported by relevant citations.

It says "cross sectional study" but the study actually has an intervention element (investigating the effectiveness of a treatment), which is more like a retrospective cohort or observational analytic. This can be a significant weakness in a journal's peer review.

The study design has been clarified. We now describe it as a retrospective observational study with an intervention component, reflecting the correct methodology.

It was stated that patients with aluminum >200 µg/L did not receive DFO, but the scientific reason for this decision was not stated.

The manuscript now explains that patients with aluminum >200 µg/L did not receive DFO due to the high risk of adverse effects and following current clinical guidelines.

The total number of patients and the number of each group should be mentioned in the Methods section.

The total number of patients and the number in each group have now been clearly stated in the Methods section.

Uncertainty of sample size in groups: The number of patients in each treatment protocol (except for the 29 patients in the first protocol) is not fully reported, which prevents accurate interpretation of comparisons.

The sample size for each treatment protocol has now been fully reported to allow accurate comparison and interpretation.

Ambiguity in the type of statistical analysis: Only a p-value for symptom improvement is reported, but the type of statistical test (e.g., χ^2 or McNemar) is not mentioned.

The type of statistical test used for each analysis has now been specified (e.g., χ^2 test for categorical variables, paired t-test for continuous variables), with the p-values reported accordingly.

Lack of confidence intervals (CI) or effect size: The p-value alone is not sufficient; a confidence interval and odds ratio (OR) or risk ratio (RR) should be reported.

Confidence intervals and effect sizes (OR or RR) have now been added for all key comparisons to provide more complete statistical information.

The aluminum level is written in mcg/L, but in the text sometimes µg/L should be standardized.

All units for aluminum levels have been standardized to µg/L throughout the manuscript.

The history of aluminum since the 1970s has been explained twice in almost identical terms, making the text lengthy.

Redundant sentences regarding the history of aluminum have been removed to improve clarity and conciseness.

Mixing Results with Discussion: The sentences on lines 175–183 are actually part of Results and should be in the Results section, then only commented out in Discussion.

The sentences previously inappropriately placed in the Discussion have been moved to the Results section.

Lack of clinical implication: It should be determined what change these findings will make in the approach to treating patients.

Clinical implications of the findings have now been added, explaining how monitoring and intervention thresholds can guide patient management.

The conclusion should be written based on your own findings and how they relate to previous studies.

The conclusion has been revised to focus on our findings and their relation to existing literature.

Even in a short conclusion, it is better to mention at least one sentence about the limitations.

A sentence acknowledging study limitations has been added in the Conclusion section.

Factory information and production pollution are better included in the Discussion or Introduction section and only briefly mentioned in the Conclusion, as the conclusion should focus more on the scientific message.

Factory information and production pollution details have been moved to the Introduction and Discussion sections, leaving only brief mention in the Conclusion.

Reviewer 1:

Some sentences lack references. All sentences quoted from other articles must have references at the end of themselves.

References have now been added to all sentences quoting or summarizing other studies.

There are frequent grammatical errors, awkward phrasing, and inconsistent tenses. For example:

“Rojoy-en-Y” should be corrected to “Roux-en-Y”.

“co-ingerstion” → “co-ingestion”.

“Jeopardization and nutrient absorption” is unclear — should be “Jeopardized nutrient absorption”.

All grammatical errors and awkward phrasings have been corrected, and the examples above have been updated as suggested.

The manuscript sections should be arranged based on journal instruction (we do not have a Context section in research articles).

The manuscript structure has been revised according to journal guidelines, and the Context section has been removed.

The “types of kidney stones” section could be incorporated into the RYGB section instead of being a standalone part.

The “types of kidney stones” content has now been integrated into the RYGB section.

The review lacks critical evaluation of studies — statements are presented as facts without summarizing study quality, population size, or level of evidence.

The manuscript now includes critical evaluation of cited studies, mentioning study design, population size, and level of evidence.

“Sub-acute nature” of sleeve gastrectomy risk is unclear — needs better wording.

Wording has been revised to clarify the temporal nature and magnitude of risk following sleeve gastrectomy.

Units and symbols should be standardized (e.g., “2.5 L urine >/day” should be “> 2.5 L urine/day”).

Units and symbols have been standardized throughout the manuscript.

Replace “secure patients’ hydration” with “ensure adequate hydration”.

All instances of “secure patients’ hydration” have been replaced with “ensure adequate hydration”.

In all Tables, the abbreviated words must be explained, in a Legend.

Legends have been added to all tables explaining all abbreviations used.

References are old. Please, investigate more recent articles for your study as well as updated ones instead of old references, in order to improve the quality of the study.

Recent and updated references have been included to improve the relevance and scientific quality of the manuscript.

2 Revision 1

4 comments · 31 Aug 2025 – 1 Sep 2025

Referee 1 Reviewer

ACCEPT 31 Aug 2025

Given the amendments made to the article, this article is approved by me. Best wishes to the esteemed authors.

Referee 2 Reviewer

ACCEPT 31 Aug 2025

Dear AE,
I reviewed the manuscript ID 163318 after revision. The authors have adequately addressed all the comments and concerns raised during the initial review. The revisions have substantially improved the quality, clarity, and scientific rigor of the manuscript. I have no further reservations, and in my opinion, the article is now suitable for publication.

Associate Editor

ACCEPT 31 Aug 2025

Dear EIC.
Previous errors have been corrected, and there are no further recommendations.

Editor-in-Chief

ACCEPT 1 Sep 2025

Accept