



SDI Review Form 1.6

Journal Name:	British Journal of Medicine and Medical Research
Manuscript Number:	2015_BJMMR_16832
Title of the Manuscript:	Anterior chest wall tuberculosis involving lungs, pleura and lymph nodes in an immunocompetent patient: a case report
Type of the Article	Case Study

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	<p>-The authors did not mention the involvement of any cartilage or bone, e.g., ribs or sternum, then how can we call it musculoskeletal TB?</p> <p>- Why was surgical debridement not done?</p> <p>- Why was the culture for M Tb not done of the aspirate to check the susceptibility if the organism?</p>	<p>Anterior chest wall is a part of musculoskeletal system, made up of bones, muscles, cartilages, tendons, ligaments, joints and other connective tissues. The disease may or may not involve all parts.</p> <p>Anti-tuberculous combination chemotherapy is recommended as initial treatment, surgical treatment is done if medical treatment is not effective. As our patient was responding to medical treatment so surgical debridement not done.</p> <p>As per RNTCP guidelines culture and drug susceptibility testing is done only in failure cases of tuberculosis. However, it was a fresh untreated case responding to anti-tubercular treatment (Isoniazid, rifampicin, pyrazinamide and ethambutol). Moreover, histopathological diagnosis was</p>



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	<p>-The ATT was started according to which regimen? What was the category in which the patient was put? For how long ATT was to be provided?</p>	<p>consistent with tubercular abscess. The aspirated material was positive for acid fast bacilli.</p> <p>ATT was started as a daily regimen. Category-I. Six months: For initial two months Isoniazid, rifampicin, pyrazinamide and ethambutol, followed by Isoniazid, rifampicin for next 4 months.</p>
<u>Minor</u> REVISION comments	<ul style="list-style-type: none"> - The CTscan of the improvement after ATT should be provided - - Was the patient enrolled in an RNTCP programme - English needs improvement (e.g., line 31, 72) - Spacing should be provided in between certain words, e.g., line 17, 19, 25, 30, 44, 50, 61, 78, 92 	<p>Not available</p> <p>Patient was not willing for DOTS enrolment.</p> <p>Done.</p>
<u>Optional/General</u> comments		