



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>)



SDI Review Form 1.6

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)
<u>Compulsory</u> REVISION comments	<ol style="list-style-type: none"> 1. There has been repetition in the introduction and discussion. Please avoid repetition. 2. Abstract is too long and again there is repetition with introduction. Make it crisp and precise. 3. Chest wall Tuberculosis with involvement of lung is very common in an endemic country like India and there is nothing to report in such case. 4. Culture and drug susceptibility testing was not done in this case which is a necessity as there is increasing incidence of drug resistance and diseases with NTM. 	<ol style="list-style-type: none"> 1. Repetition has been eliminated. 2. Abstract modified. 3. Chest wall tuberculosis involving lung, pleura and lymph nodes in an immunocompetent patient with no specific signs and symptoms is a rare case and hence needs reporting. 4. As per RNTCP guidelines culture and drug susceptibility testing is being done only in failure cases of tuberculosis. However, it was a fresh untreated case responding to antitubercular treatment (Isoniazid, rifampicin, pyrazinamide and ethambutol), without adding macrolides. Moreover, histopathological diagnosis was consistent with tubercular abscess. The aspirated material was positive for



SDI Review Form 1.6

	5. Kindly provide pre-treatment and post-treatment image of the chest wall lesion.	acid fast bacilli. 6. Not available.
<u>Minor</u> REVISION comments	1. Add few recent references. 2. Follow up of the patient should be described properly.	1. Recent references added. 2. Described.
<u>Optional/General</u> comments	Nil.	