



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2013_IJTDH_6956
Title of the Manuscript:	Radiological features of Right destroyed lungs syndrome with dextrocardia
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)
<u>Compulsory</u> REVISION comments	1. The authors state that the patient had a history of TB in the past and received twice antiTB therapy. What were the bacteriological results in the past? Was the patient culture negative or culture positive? What was the drug susceptibility testing? 2. Moreover, patient's sputum smears were screened for acid-fast bacilli before admission and the results were negative. What were the results from cultures and the drug susceptibility testing? Previously treated for TB patients are at increased risk of drug resistance, including MDR-TB. Did the authors exclude this possibility in the presented case? In my opinion there is not sufficient data presented in the manuscript. 3. Post-TB sequences like bronchostenosis, bronchiectasis, cor pulmonare, aspergilloma, scar carcinoma were not evaluated in this case. Was the patient screened with a CT scan? Did the authors perform a bronchoscopy? What were the findings? 4. Pleural fluid was aspirated. What were the ADA levels, the cultures and the smears for acid-fast bacilli of the pleural fluid? You cannot rule out malignancy with only one cytologic examination of the pleural fluid. Did the authors obtain any biopsies of the parietal pleura? 5. The patient showed clinical and radiological improvement after the initiation of antiTB treatment. However, there is not enough data presented to confirm the diagnosis. In addition, the patient was referred to another department and during the follow-up period the authors present only an improved chest-Xray. Did the	The Basic policy of the country in terms of diagnosis of TB in developing countries, does not depend on Culture so, The Who programme for Rolling DOT in resource poor setting requires clinical History, Smear test. MDR-TB as at 2010, requires that a sample be sent to across several states of which such referral system was not available CT Scan would have been more appropriate but in Developing country, how many centre have such facility and how many of the people can afford the service. We invited the surgeons for their input, But before arrival, patient had already started improving and It would be necessary to subject the patient to such an repeated invasive test, if he didn't improve we would then obtain consent for further investigation. This are costly and these persons are of Low socio-economic level So therefore, we carry out basic and



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	patient continue anti-TB treatment and for how long? So Was the patient referred to thoracic surgeons for pneumonectomy or lobectomy? 6. The chest X-ray images provide a clear view of the patient's condition, are of good quality technically and clearly labelled. 7. Ryu Y et al. INT J TUBERC LUNG DIS 2011;15(2):246–250, Ashour M et al. Thorax 1990;45:210-212, Kim Y et al. European Journal of Cardio-thoracic Surgery 23 (2003) 833–839 and Halezeroglu S. Et al. Ann Thorac Surg 1997;64:1635– 8 described in detail the epidemiology, clinical presentation, the radiological images and management of post-tuberculous lung destruction. The authors could add these references and indicate any differences with the current case study in the discussion section. 8. In the discussion section the authors state that fungal infection could be possible as part of the pathology the lung. However, the patient did not receive any antifungal therapy. Please explain in detail.	necessary investigation for cost-effectiveness. Patient referral to cardiothoracic Unit was for chest tube insertion but before a second, X-ray film was made be available, he had improved greatly. A follow-up for home visit was made few months later, he was involved in his usual home business.
<u>Minor</u> REVISION comments	1. There are many English, grammatical and typographical errors that should be corrected. 2. Dextrocardia is a congenital defect in which the heart is situated on the right side of the body. In this case mediastinum, trachea and heart are shifted to the right side of the thorax, because of atelectasis and post-tuberculosis anatomical changes in the right lung and contralateral emphysema in the left lung. I am wondering, if the term is correctly used in this case.	
<u>Optional/General</u> comments		