



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2013_IJTDH_7885
Title of the Manuscript:	DISCORDANCES BETWEEN SPUTUM SMEAR AND CULTURE CONVERSION RATES IN NEWLY DIAGNOSED PULMONARY TUBERCULOSIS: A PROSPECTIVE STUDY IN DEVELOPING COUNTRY
Type of the Article	Original Research Article

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	The study needs to draw clear cut conclusions and recommendations especially for developing countries which may help policy makers for local recommendations	Revised conclusions and recommendations for developing countries. In conclusion section: "Sputum AFB smear $\geq 2+$ and hearing alteration were the significant predictors for discordance between sputum AFB smear and culture at second month of treatment." and "WHO recommendation for culture and DST in new smear positive pulmonary TB patients may not be applicable in developing countries due to cost and limited facilities. Therefore, baseline sputum AFB smear $\geq 2+$ and hypoalbuminemia as well as adverse events during intensive phase are strongly recommended as the criteria to prioritize culture and DST for new smear positive pulmonary TB patients with positive AFB smear at the second and the third month of treatment in developing countries." In abstract: Baseline AFB smear $\geq 2+$ and hypoalbuminemia as well as adverse events during intensive phase are strongly recommended as the criteria to prioritize culture and DST for new smear positive pulmonary TB patients with positive AFB smear at the second and the third month of treatment in developing countries.
Minor REVISION comments		
Optional/General comments		