



SDI FINAL EVALUATION FORM 1.1

PART 1:

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

PART 2:

FINAL EVALUATOR'S comments on revised paper (if any)	Authors' response to final evaluator's comments
Review of the revised version of the Manuscript 2013_IJTDH_6956 entitled 'Radiological features of Right destroyed lungs syndrome with pathologic dextrocardia'. The authors revised the case report. The revised version presents additional data regarding the follow-up of the patient. However, in my opinion, the manuscript still has a number of important limitations. There are still many English, grammatical and typographical errors. The authors do not supply sufficient data to confirm the diagnosis, other post TB sequences were not excluded, as well as MDR-TB. The patient is presented as a post-TB destroyed lung syndrome, but the investigation in 2009, 2010 and now for TB was negative. The authors state that post-TB sequences like bronchostenosis, bronchiectasis, cor pulmonare, aspergilloma, scar carcinoma were not evaluated in this case, because CT scans and bronchoscopy could not be performed in the facility. Furthermore, MDR-TB was not ruled out. Although the study is interesting, because it deals with a rare entity, there is no detailed investigation of the presented case. Moreover the results are not surprising, since they are in line with former published studies. Best regards	Those English, grammatical typographical error would be corrected MDR-TB is services is yet to be active because, such services are provided by the international bodies and Govt collaborations, that's a limitation in tropical Africa, not all TB center in the world have been able to establish the MDR-TB service running yet. Those high investigations are not within reach in this state of Nigeria, and even when you refer these patients to travel far distances for TB care due the associated complication, the chances that they would go is slim. People affected with TB of this sort of complication are of Low socio- economic status. We were fortunate to get up him up within a short which because of his inconsistent history of TB care. The results are in synchrony with other published work; however this patient was treated based on history, physical findings and radiography. It's a rare entity because of the affected side. All new correction are highlighted in yellow I am hopeful for a positive final consideration.