



SDI FINAL EVALUATION FORM 1.1

PART 1:

Journal Name:	Asian Journal of Research in Dermatological Science
Manuscript Number:	Ms_AJRDES_41405
Title of the Manuscript:	To assess the clinical efficacy and safety of oral Terbinafine, Fluconazole and Itraconazole in the treatment of tinea corporis in a tertiary care hospital
Type of Article:	Original Research Article

PART 2:

FINAL EVALUATOR’S comments on revised paper (if any)		Authors’ response to final evaluator’s comments
1. It has been mentioned as 102 In our study we had 60 T.corporis patients enrolled with <i>T.rubrum</i> as the most common 103 isolate in the first version. Now in the revised version, the following sentence is seen which is contradictionary In the present study Trichophyton mentagrophytes (40.62%) was most common isolate followed by T.rubrum (34.37%). In an original work, such gross mistakes are unpardonable and it gives rise to suspicion of the nature of the work done. 2. Clinical photograph after 2 weeks of terbinafine still shows erythema and activity. This picture reflects on the observation of the authors who conclude that terbinafine is effective at the end of 2 weeks. As all the parameters mentioned are subjective, the validity of their observations based on the given example becomes questionable. 3. Inclusion criteria states that untreated patients were included. In this context, KOH positivity is unexplainably low.	1. We are sorry that we had mentioned wrongly regarding the species. It was just a typing mistake. It is now mentioned clearly along with the percentages. 2. In that particular clinical photograph, the initial picture at baseline was even more erythematous with more desquamation and with clear cut continuous borders (could not provide the picture). But after two weeks the clinical picture has improved as shown in the picture with reduced erythema and desquamation and borders are not clear cut. 3. Low visibility of scattered and scanty fungal filaments on KOH examination could be the reason behind low KOH positivity. This shows that, diagnosis of onychomycosis solely based on clinical features is often misleading.	