



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_20553
Title of the Manuscript:	Intestinal Tuberculosis in Surgical Pathology - Experience from a Tertiary Care Hospital
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)
Compulsory REVISION comments	1. There is need for the full manuscript to be re-read by the author(s) and punctuations corrected 2. The Country's prevalence of pulmonary tuberculosis should be mentioned in the text. 3. Was this study retrospective or prospective? 4. How many cases that were positive with Fite-Faraco (FF) staining were also showed granulomas? 5. Line 95 to 96 "ITB was suspected only in 8(25.80 %) out of 31patients without past during previous year history" NOT CLEAR!!! 6. Line 159 "ITB is predominantly a disease of young adults with slight male preponderance." NOT CLEAR!!! 7. Line 193 to 194 "The causes given for frequent involvement of ileo-cecal region in ITB are increased physiological stasis causing increased rate of fluid and electrolyte absorption" KINDLY EXPLAIN HOW INCREASE ABSORPTION OF ELECTROLYTE INCREASES THE INVOLVEMENT OF ILEO-CAECAL REGION BY INTESTINAL TUBERCULOSIS	1.Done 2.Mentioned in the text line 160 to 161 India is the highest TB burden country in the world with a current prevalence of 2.8 million cases [8]. 3. Both, one year retrospective and two years prospective data is included in the study. 4. All 19 cases that were positive with Fite-Faraco staining also showed granulomas. 5. Preoperatively ITB was suspected only in eight (25.80 %) out of 31patients, who did not have past history of the disease, on the basis of radiological investigations. 6. ITB was diagnosed mostly in young adults and showed slight male preponderance in this series. 7. In ITB,the most common site of involvement is ileo-caecal region .The predilection of the tubercular bacillus for ileo-caecum is attributed to relative physiological stasis of the area that results into increased rate of fluid and electrolyte absorption, causing more complete digesion that permit free contact of the organisms with the



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	8. Line 197 to 198 “The healing of ulcers leads to stricture formation, perforation, bleeding or fistula formation” KINDLY EXPLAIN HOW HEALING OF ULCERS LEAD TO PERFORATION, BLEEDING OR FISTULA FORMATION Line 213 “Clinical response to AKT” KINDLY GIVE THE FULL MEANING OF AKT BEFORE ITS USE AS ABBREVIATION.	mucosal lining and an abundance of lymphoid tissue at the site 8. As the disease progresses, tissue breakdown due to ischemia caused by vascular thrombosis, play a role in the pathogenesis of perforation in ITB ,in addition to reduced fibrosis attributable to altered host response due to some kind of immunodeficiency and early intervention. Caseating granulomas that extend upto serosa cause gut wall thinning and together with tubercular vasculitis may cause bleeding. Enterocutaneous fistula develop after bowel surgery,in patients with active disease or because of caseous tuberculous absecess formation on the serosal surface of intestine. AKT- Anti-Kochs (tubercular) treatment
Minor REVISION comments		
Optional/General comments		