



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:

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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		
Minor REVISION comments	- When a paragraph begins with a number, it is written with letters, not numbers. - Make a list of abbreviations and their meanings. - I did not find Table 4 in the text. - Mention that place was carried out the study, I guess it's a site with high endemicity. - The title of Table 5, should be microscopic lesions instead of macroscopic lesions. - In all cases patients met the guidelines for surgery? - Why patients were not treated rather than operate when there was certainty ITB? - How many samples were post mortem? - Why the authors suspected ITB in the 3 cases showed only chronic inflammation? - ITB usually occurs after advanced PTB, but most patients had no previous data of PTB, therefore the authors mean that most of the cases were for direct inoculation into the gastrointestinal tract and probably was M bovis? - The article would look more if the authors added a table with data as FF negative or positive stain, Granuloma with caseation or without caseation and previous history of PTB. - Treatment for M tuberculosis and M bovis is different, with which drugs patients were treated? ethical issues- The acceptance by the Committee of Ethics	- Done - Intestinal tuberculosis –ITB, Tuberculosis-TB, Gastrointestinal tract GIT, Fite-Faraco-FF, Pulmonary tuberculosis –PTB Combined Anti Tubercular (CAT), - Table 4 occupies line 106 to 108. - The study was carried out at Department of Pathology, Indira Gandhi Government Medical College and Hospital, Nagpur, Maharashtra State, India. - The title of Table 5 is "Types of macroscopic lesions and microscopic features", as it depicts frequency of macroscopic (gross) lesions i.e. ulcerative, ulcer-hypertrophic, hypertrophic and microscopic features of granulomas. - In all cases patients met the guidelines for surgery as most of the patients presented with intestinal obstruction, not relieved by conservative treatment or perforation peritonitis. - All three patients who were known cases of ITB and treated, had presented second time with acute complications of perforation or intestinal obstruction and hence had to be operated upon. - None, as post mortem samples are excluded from this study. - ITB was suspected in the 3 cases that showed only chronic inflammation on microscopy, on the basis



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	and Research Hospital, and the signing of the letter of informed consent by the patient is not mentioned.	of characteristic gross (macroscopic) features. 10. Most cases of abdominal TB(that includes ITB) in India are caused by M tuberculosis .Intestinal involvement in TB is not attributed to M bovis because of practice of boiling of milk before drinking and large scale pasteurization of milk in recent years .In absence of active lung disease ,ITB is probably caused due to reactivation of latent infection or reinfection.However as culture studies were not done,causative organism could not be confirmed in our cases. 11.Data of FF negative or positive stain,in Table 5,showing number of cases with granulomas with caseation or without caseation. 12. All cases of TB (pulmonary and extrapulmonary) are considered to be caused by M tuberculosis unless proved otherwise and hence were treated with Directly Observed Treatment Short-course(DOTS) of anti-tubercular treatment. Ethical issues-The patients signed the letters of informed consent before undergoing surgical intervention.
<u>Optional/General</u> comments		