



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)
<u>Compulsory</u> REVISION comments	It's mandatory to remark that the study is only a transversal study with no follow-up and no prospective study (only a retrospective historic data). But is important highlight the high incidence of ITB, because it 'is not normal 40 patients of 250 interventions. TH incidence is very low in the world. The authors should clarify why in their area the incidence is so high with more data that the present study have at now.	The study is both retrospective and prospective as one year retrospective(2012) and two years prospective(2013 and 2014) data is included in the study. In the Tertiary Care Hospital where the study was carried out, on an average 200 cases of abdominal TB were registered annually during 2012 to 2014. Out of these, only 9 patients with history of the disease needed surgical intervention in three years. Remaining 31 patients were diagnosed as ITB after pathological examination of their surgical specimens received by the Pathology Department.
<u>Minor</u> REVISION comments	The follow – up of the patients. The evolution of the patients after the surgery. Any patients need an accesory surgery in the same stay in the hospital. Incidence of complications after surgery. In the surgery: laparoscopy in any case?	The follow-up of the patients is not available as patients referred for surgery to the hospital, continue oral anti-TB treatment at peripheral centres. No post surgery complication was reported and no repeat surgical specimen from the patients included in this study was received within six months of completion of the study. In the surgery: Laparoscopy was not done.



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	It's mandatory the notation that the present study have the ethics comitee favourable evaluation.	
<u>Optional/General</u> comments	Could be interesting the matoux test? I personally think that in ITb it's no important. The serum level of adenosine deaminase enzyme (> 33 u/l) is very important in the diagnosis of the ITB.	Mantoux test cannot differentiate active disease from infection so its role in adult patients from high prevalence is limited. Estimation of the serum level of adenosine deaminase enzyme (> 33 u/l) is important in the diagnosis of the ITB.