



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_24088
Title of the Manuscript:	TUBERCULOSIS IN THE HEAD AND NECK REGION: EXPERIENCE IN THE EASTERN TERTIARY CARE CENTRE OF NEPAL
Type of the Article	Original Research Article

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.Explain abbreviation like AFB and HIV at its first appearance. Abbreviation for anti TB treatment should be ATT and not AKT. 2. In the 7th line of introduction "excretion" term not well understood. 3. In the last 2 lines of introduction part author mentioned to confirm diagnosis of extra pulmonary tuberculosis by sputum test,FNAC, histopathology. However, extrapulmonary tuberculosis is never diagnosed by a sputum test. 4. Materials and methods should be elaborated properly. Author should explain investigation methods used- whether imaging procedure like USG, CT scan, MRI were used or not. Mantoux test were used or not. Which culture method were used if required. If aspiration of pus for diagnostic purpose was done or not. 5. Author has given many significant p values. However, it is not clear what message author is trying to give through these values. 6. Author has not mentioned the duration of anti TB therapy. As in some patients of extra pulmonary TB 6 months course may not be sufficient and treatment prolongation is required which is not given through DOTS untill requested to do so. Author should write a part of discussion about it. 7. Author should mention separately what percentage of patients require surgical intervention as anti TB therapy alone is not sufficient in all cases.	1. The abbreviation of AFB and HIV AKT explained in first appearance (highlighted) and is changed to ATT. 2. Excretion means curse. MDRTB is difficult to treat. 3. In TB Larynx, one of the investigation is to send sputum for AFB. In addition, all extrapulmonary TB should have sputum for AFB done to rule out pulmonary TB. 4. As per requirement, all necessary radiological investigations were done. For example, patients with retropharyngeal abscess were undergone CT scan of neck. USG was also done in required cases. Pus was aspirated and sent for AFB staining and culture and sensitivity. 5. When correlating pulmonary tuberculosis with its extrapulmonary ENT manifestations, high p values were obtained which means that if a person is having extrapulmonary TB in head and neck like TB larynx, there is very high chance of co-existing pulmonary TB. 6. All patients were given only 6 months of anti-TB treatment. 7. All patients with TB deep neck abscess underwent surgical intervention.



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	8. Images should be indexed like figure 1, figure 2 etc. Check spelling properly in the image text. It will be suprasternal not 'supraternal'. 9. In the discussion part author has mentioned that 'tuberculous retropharyngeal abscess is often secondary to tuberculosis of the cervical spine'. In the present study please discuss in what number of patients did you find involvement of cervical spine in tuberculous retropharyngeal abscess. 10. References not cited properly. Reference 2 and 6 not given properly. In different area spaces are missing.	8. Corrections in the figure have been made. 9. All patients have history of cervical spine TB in retropharyngeal abscess. 10. Corrections have been made.
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<u>Minor</u> REVISION comments	1. In the 3rd paragraph of materials and methods “Diagnosis of tuberculosis was based on the following clinical features”- clinical term is better to avoid as not only the clinical features but also other diagnostic procedures were done to establish the diagnosis. 2. In the 8th paragraph of materials and methods (lab diagnosis) it is better to combine the two sentences. “Chest radiography and sputum sample for mycobacterial smear for 3 consecutive days were Done to rule out co-existing pulmonary tuberculosis”. 3. Correct language in different parts- Under results a) ‘salivary gland tuberculosis’ para- better to write FNAC of the swelling was done which showed presence of tubercular bacilli. b) thyroid tuberculosis para- AFB staining of aspirated pus from neck rather than ‘AFB staining of the neck’.	1. Corrections have been made. 2. Corrections have been made. 3. Corrections have been made.
<u>Optional/General</u> comments	It is a good study but overall language quality is poor. Material and methods part should be written properly along with correction of other flaws.	Thank you sir for considering my study as good study. I think I have made all necessary corrections. Your opinions were of great help.