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Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_25716
Title of the Manuscript:	EVALUATION OF FINE NEEDLE ASPIRATION CYTOLOGY TECHNIQUE FOR EARLY DIAGNOSIS OF TUBERCULAR LYMPHADENITIS IN PATIENTS PRESENTING AT A PRIMARY CARE SETTING IN INDIA.
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- The authors said that LAP is common problem but they don't show the magnitude of disease. 2- Why the authors carried out the study only in 780 patients in 7 years was it representative? What were the criteria to collect the sample size?	I agree with the reviewers comment. No epidemiological data has been presented by us regarding this aspect. It is a random observation. This statement is being modified in the revised manuscript. To study the magnitude of LAP in general population was not the aim of the present study. The study was carried out on all patients of LAP referred to a service department for investigation and represented cases in which the clinician was facing a diagnostic dilemma. We cannot influence the number of patients that are referred by the clinicians. The sample is more likely to be representative of the disease pattern in general population, as referral bias is likely to be less in a primary care setting compared to a tertiary care referral centre. This note is now added in the revised manuscript.



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	3- The authors show that that reactive non-specific lymphadenitis was the commonest diagnosis but they don't explain how they eliminated all confounding. 4- The discussion brings the findings but in several times, doesn't discuss with scientific evidences. 5- Some results are mixed with discussion (168 and 194).	I fully agree with the reviewers comment that reactive lymphadenitis can be confused with numerous other conditions. The diagnosis was based on criteria mentioned in standard textbooks of cytology. A cautionary note regarding this is stated in the manuscript (Line 223 – 228). Even histopathological examination of a resected lymph node can miss the diagnosis of TB LAN in early stages of evolution of this disease (A reference has also been cited). Some changes have been made. If any more are desired, please let me know by highlighting the specific problem areas (lines of paragraphs) that appears inappropriate. Line 168 shows a figure comparing age distribution of patients of TB LAN in different series. Line 194 shows a figure comparing cytomorphological features of TB LAN in different series. There appears to be no mix up.
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	6- The result is confounded with recommendation and there is not statistics evidence to make this conclusion.	Whatever recommendations have been given in the 'Discussion' section of the manuscript is based on references cited (Ref no 3, 22, 23) and which is applicable to the pattern of disease seen in our study.
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		