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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

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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.

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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	A well written manuscript. But many similar studies have been performed previously. Role of FNAC in diagnosing tuberculous lymphadenitis is well established.	I fully agree with comments of the esteemed reviewer. Role of FNAC in diagnosing tuberculous lymphadenitis is very well established and is acknowledged in the manuscript (Line 28 -29, References 4 -16). To study the accuracy, sensitivity, specificity and predictive values of FNAC for diagnosis of TB LAN was not the aim of the present study. As very rightly mentioned by the reviewer, it has already been done in numerous studies performed earlier. The aim of the present series was 1. To study the utility of FNAC in a primary care setting to be able to diagnose TB LAN at an earlier stage of evolution of the disease, utilizing already well established cytomorphological criteria. How and whether FNAC helps in achieving this goal has been elaborated in our study (Line 173 – 186) 2. To study the demographic profile of patients presenting with TB LAN in this part of the country. Most of the published series from India are from different geographical, cultural and socio-economic background. That some differences exist is shown in our study (Line 145 -147; 156 -167). The likely cause for this difference is also speculated. To verify the veracity of these speculations could be the subject matter of another extensive epidemiological study.



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	This retrospective study lacks the statistical analysis to find out false negative and false positive cases. Also there is no clinical correlation of cases.	That some false negative diagnosis would be seen is mentioned in the manuscript and a cautionary note regarding this is stated (Line 223 – 228). And why it occurs has also been mentioned in the manuscript. Even histopathological examination of a resected lymph node can miss the diagnosis in early stage of evolution of this disease (A reference has also been cited). To repeat: To study the accuracy, sensitivity, specificity and predictive values of FNAC for diagnosis of TB LAN was not the aim of the present study. As very rightly mentioned by the reviewer, it has already been done in numerous studies performed earlier.
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		