

## Review Form 1.7

Journal Name:	<b>Journal of Advances in Medicine and Medical Research</b>
Manuscript Number:	<b>Ms_JAMMR_95618</b>
Title of the Manuscript:	<b>Crohn's Disease Mimicking Intestinal Tuberculosis: A Rare Case Series</b>
Type of the Article	<b>Case study</b>

### **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:

(<https://www.journaljammr.com/index.php/JAMMR/editorial-policy> )

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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)
<p><b>Compulsory</b> REVISION comments</p> <p>1. Is the manuscript important for scientific community? (Please write few sentences on this manuscript)</p> <p>2. Is the title of the article suitable? (If not please suggest an alternative title)</p> <p>3. Is the abstract of the article comprehensive?</p> <p>4. Are subsections and structure of the manuscript appropriate?</p> <p>5. Do you think the manuscript is scientifically correct?</p> <p>6. Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form.</p> <p><u>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</u></p>	<p>1. This manuscript describes 4 cases to illustrate the difficulty in distinguishing between Crohn's disease (CD) and intestinal tuberculosis. This is an important issue.</p> <p>2. According to the authors' presentation, the title is only relevant to one of the four cases.</p> <p>3. The Abstract is lengthy. It should be more concise. A structured presentation, in spirit if not necessarily in format, should help in this regard. A lot of its contents should be presented in the Discussion section.</p> <p>The abstract is also confusingly inconsistent. The authors state in the 3rd paragraph that "sections from all 4 cases showed Transmural involvement comprising chronic inflammation and architectural distortion along with few microgranuloma." This is then followed, surprisingly, by the statement that "In one case we got only very few freely scattered epithelioid without discrete microgranuloma." Taken together, to the readers, there should be a total of 5 instead of 4 cases in this series.</p> <p>Furthermore, in the 5th paragraph, the authors state that the absence of "well-defined macrogranuloma and caseous necrosis" clinches against tuberculosis. Using this criterion, the possibility of tuberculosis and the use of anti-tuberculosis therapy should not even have to be considered for case 1.</p> <p>In the same paragraph the authors state, sweepingly, "Microbiological findings and serum ASCA antibody level were of no use in differentiating crohn's from tuberculosis." The cases that they present in the manuscript do not provide any relevant information to support this statement. Do the authors consider detection of acid-fast bacilli or positive PCR test of no use? The same concern applies to serum ASCA level. To support their statement that ASCA is of no use, the authors need to show that that the ASCA level is elevated in some patients of tuberculosis.</p> <p>The same criticism applies to the practice of using lack of improvement after 15 days of anti-tuberculosis treatment to exclude the diagnosis of tuberculosis. To support this practice, they should provide evidence that all patients with tuberculosis show improvement after 15 days of treatment. If there is any published supporting evidence, it should be cited.</p> <p>4. The case presentation is scanty and barely informative. A table summarizing the key features for all cases would helpful. This table should include as many as the following items for all four cases: demographics, history of tuberculosis and relevant personal and family medical history, systemic and intestinal symptoms, signs and imaging findings, including spiking fever, bloody diarrhea, fistula, etc., pulmonary symptoms and CT findings, available results of PPD test, gamma-interferon release assay and serology (ASCA), surgical and anatomic pathology, histopathology findings, and microbiology: acid-fast bacillus stain, culture and PCR of tissues and stools.</p> <p>5. As noted above, the manuscript needs extensive revision to be scientifically sound.</p> <p>6. Key statements in the text are not supported by citation of publications.</p>	
<p><b>Minor</b> REVISION comments</p> <p>1. Is language/English quality of the article suitable for scholarly communications?</p>	Extensive revision is necessary to make manuscript more intelligible.	
<p><b>Optional/General</b> comments</p>	None	

**PART 2:**

	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)
Are there ethical issues in this manuscript?	<u>(If yes, Kindly please write down the ethical issues here in details)</u>	

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